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Wendy Jane Speers MA (HE), BSc (Hons), RGN, RMN

**'Student nurses' feedback from mental health service users in
practice: a participatory action research study'**

Thesis for the degree of Doctor of Education

The Centre for Research in Education

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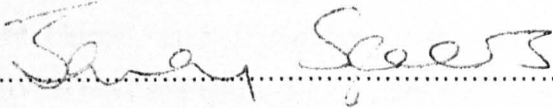
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ABSTRACT

This study involved student nurses, lecturers, mentors and service users in working together to design, evaluate and refine a system enabling student mental health nurses to seek feedback from service users. The feedback concerned students' interpersonal skills and occurred in practice, at the point of service delivery.

Although the drive to engage service users in service delivery, research and education has mainstream acceptance, much remains to be learned about how to achieve meaningful involvement. Mental health professionals are striving to adopt the recovery model and harness service user expertise through the development of more reciprocal relationships. This research aims to contribute to this wider thrust, by exploring the experiences of those concerned when students attempt to learn *from* rather than *about* service users.

Conducted over two years, a participatory action research approach was adopted. Data came from interviews held with those implementing the system for feedback, and from the deliberations of the participants guiding the process.

Thematic analysis produced evidence of relevance to nurse educationalists, mental health nurses and researchers. Although contextual, findings indicated that service users volunteering to give feedback had a positive experience. Students' experience lay on a continuum. Those with a stronger sense of self were more willing and able to ask for feedback than less confident students. Cultural adjustment to the role change required presented a challenge and tested self-awareness. Over time, all students achieved deep learning and, for some, learning appeared transformative.

Recommendations relate to the system for seeking feedback and the conduct of participatory action research. Overall, the study concluded that both allowed the development of more equitable relationships, in which mental health nurses respected the expertise of service users. This potentially benefits student development, recovery-orientated practice, service users and Higher Education Institutions searching for meaningful ways to involve service users in learning and formative assessment.

ABSTRACT

This study involved student nurses, lecturers, mentors and service users in working together to design, evaluate and refine a system enabling student mental health nurses to seek feedback from service users. The feedback concerned students' interpersonal skills and occurred in one-to-one, group and online delivery.

Although the aim to engage service users in service delivery, research and education has identified a relatively minor impact in the feedback about how to achieve this. Research of involvement, human development and learning to achieve the necessary level and nature of service that will be through the development of more reciprocal relationships. This research aims to contribute to the wider field by exploring the experiences of those concerned with service users to learn from rather than being service users.

Conducted over two years, a participatory action research approach was adopted. Data from interviews and focus groups informed the system for feedback and from the reflections of the participants guided the process.

Thematic analysis produced evidence of relevance to nurse education, mental health issues and research. Although some initial findings indicated that service users' willingness to give feedback had a positive experience. Students' experience of a community. There was a change in the way that service users were able to give feedback from text comments and a change in the way that service users were able to give feedback. Over time, all students reported a change in the way that service users were able to give feedback. Over time, all students reported a change in the way that service users were able to give feedback.

Recommendations relate to the system for seeking feedback and the conduct of participatory action research. Overall, the study concluded that both student and service user involvement in service development is a positive experience. In terms of mental health issues, research has identified a positive experience for service users. The participatory approach identified practice, service users and higher education institutions seeking the opportunity to involve service users in learning and formative assessment.

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1. CHAPTER ONE - INTRODUCTION

This doctoral study used a participatory action research approach to develop and evaluate ways of enabling mental health service users to give feedback to student nurses whilst in a practice setting. The cultural antecedents of this research were linked with the underlying philosophical, epistemological and political context shaping mental health service provision over the last 30 years. The personal antecedents were related to my experiences as a mental health nurse over a similar time frame. These 'external' and 'internal' contextual factors have profoundly influenced both project topic and the research methodology chosen.

1.1. EXTERNAL INFLUENCERS

There are many signs that modern mental health services are striving to extricate themselves from their historical legacy. In the 1960s and 1970s the anti-psychiatry movement, both controversial and influential, highlighted the 'damaging' and 'coercive' nature of many mental health services (Lakeman et al 2007). There followed a proliferation of governmental policies attempting to embed user involvement in the planning and delivery of services (e.g. Department of Health 2001 and 2002). Over time and assisted by the consumer movement, the concept of user involvement has become less radical and more mainstream (Jordan and Court 2010). More recently, the recovery model (which seeks to recognise service user expertise and responsibility, placing emphasis on strengths as well as problems and advocating partnership working between professionals and service users) has come to be considered the mainstay of contemporary mental health services (Department of Health 2011). On paper at least, power relationships between professionals and mental health service users are changing in the realms of higher education (HE), research and in psychiatric services. Words such as engagement, inclusion, collaboration and empowerment pervade policy documents seeking to influence all three domains (e.g. Nursing and Midwifery Council (NMC) 2010; Hanley et al 2004; Department of Health 2001).

Thus the thrust to increase service user involvement is topical and reflects the current political climate. However, despite these drivers there is evidence that the historical legacy persists (Beresford and Branfield 2006). Tensions remain within the culture of the mental health service and it is permeated by contradictory or 'mixed' messages. This potentially creates confusion for those who work in and use the service. Furthermore, there are parallels between the struggle for cultural change taking place in the health service and in the spheres of research and higher education, as well as within the society that has constructed these. These widespread ideological tensions have 'common denominators'. Broadly, they are concerned with the distribution of power and the relationship of this to knowledge and, from thence, to action. This is the underpinning basis of the conceptual framework of this thesis.

Moving from the general to the particular, the underlying driver for this research lies with an attempt to discover whether it is possible (in a modest way, through encouraging students to ask for feedback from service users) to work towards a more equal distribution of power and the valuing of different 'truths'. In this way a more inclusive cultural milieu might be created.

1.2. INTERNAL INFLUENCERS

My own professional journey as a mental health nurse mirrors the 30-year time frame described above. My first introduction to the culture of the mental health service involved an inpatient placement within an 800-bedded Victorian asylum in London. I was left with the lasting impression that the service users were more damaged by the system than they were by their original diagnosis. Later, I strove to work in inner-city community settings where I perceived that more progressive attitudes prevailed and I had the good fortune to be ceded the professional autonomy to adopt increasingly collaborative ways of working.

Following a move to live and work in a more parochial and conservative environment, I reluctantly witnessed the disempowerment caused by the dominance of the medical model. Thereafter, another change in circumstances allowed me to contribute to a new service, based on more contemporary philosophical foundations. After seven years, buoyed up by confidence that it is possible to change practice and work in different ways, I moved from full-time nursing practice into higher education. This decision was influenced by the desire to help mould future mental health nurses.

As a mental health nurse and, more latterly, an educationalist, I developed two 'professional worlds'. Both worlds have become permeated with contemporary policy drivers exhorting the benefits of taking proactive measures to access service user expertise. These drivers have combined with personally meaningful experiences to provide the catalyst for my interest in this topic. In addition, the lived experience of becoming a lecturer in mental health nursing brought with it the realisation that there are competing influences on students and that the achievement of attitudinal and cultural change is far from straightforward. Furthermore, my growing familiarity with the principles of assessment (in an educational context) led to an appreciation of the importance of developing strategies to improve the reliability and validity of assessment approaches. As a mental health nurse I was convinced of the critical importance of the nurses' ability to form therapeutic relationships with service users. However, the robust assessment of students' ability to perform such complex, aesthetic clinical skills seemed problematic. I began to wonder how one of the most important skills needed by mental health nurses could be properly assessed in practice without asking the service users involved for their views, in order to better inform judgements made about competence.

I discovered that these personal doubts were echoed in the literature. I was particularly influenced by the work of Redfern et al (2002). As every assessment method has strengths and weaknesses, they recommended a multi-method approach, with better

triangulation of witnesses as well as method. Perceived as acute observers of clinical care, service users were put forward as valuable such witnesses, with the caveat that further exploratory studies into the feasibility of service users' assessment of students were needed.

This interest motivated a master's project, completed in 2006 (Speers 2008). At that time, educational drivers to involve service users in all aspects of student experience were relatively new and untested. The project investigated the views of stakeholders (students, mentors, service users and lecturers) on the possibility of asking mental health service users to assess student mental health nurses' ability to form therapeutic relationships. The scope of the master's project was confined to the investigation of participants' perceptions. The findings intrigued me and pointed to measured support, despite some ambivalence on the part of nurse participants. On balance, these findings were sufficiently encouraging to suggest that a 'next step' was justified – the implementation of the concept into practice.

1.3. THE AIMS OF THE RESEARCH

This doctoral research took that next step. In the interim between the master's project and my doctoral studies, newly published research findings (e.g. Stickley et al 2010) influenced the decision to amend the focus of the doctoral project slightly. Thus it became less concerned with assessment and more concerned with learning from feedback. **The first aim of this research was:**

- **to explore the experiences of those involved when mental health service users provide feedback about interpersonal competence directly to student nurses, in practice settings.**

This research actively sought ways of engaging service users that moved beyond the policy rhetoric to make a genuine difference. It involved taking action, aiming for positive change on the basis of evidence already available. This set of circumstances

suggested that action research might constitute a suitable approach. As the study was additionally spurred on by the philosophical principles of inclusion and empowerment, a participatory approach was adopted. **Therefore the second aim was:**

- **to evaluate the experience of a group of volunteer lecturers, nurses and service users in using a participatory action research approach to develop and refine a mechanism enabling feedback to be given.**

Broadly, these two aims had a common thread which constituted the overarching objective of this project. Both were concerned with evaluating the experience and impact of initiatives designed to enable nurses and service users to work together differently, both in a practice and research setting. This difference hinged on the use of measures intended to develop more equitable relationships that better valued and harnessed the expertise of service users, potentially for mutual benefit. The issue of mutual benefit is important. As I was studying for a Doctorate in Education, I was particularly interested in the contribution that the pursuit of these two aims had on student nurse learning and development.

A search of relevant literature provided legitimacy to these aims. However, it also suggested that the issues are ambivalent and complex and there is a relative dearth of literature on the subject of whether this is achievable. This justified the thesis, which intended to make an original contribution to the knowledge base. As the scope of the research spanned three, inter-related domains (mental health nursing practice, higher education and research), the new knowledge generated potentially related to all three, as the diagram opposite illustrates:

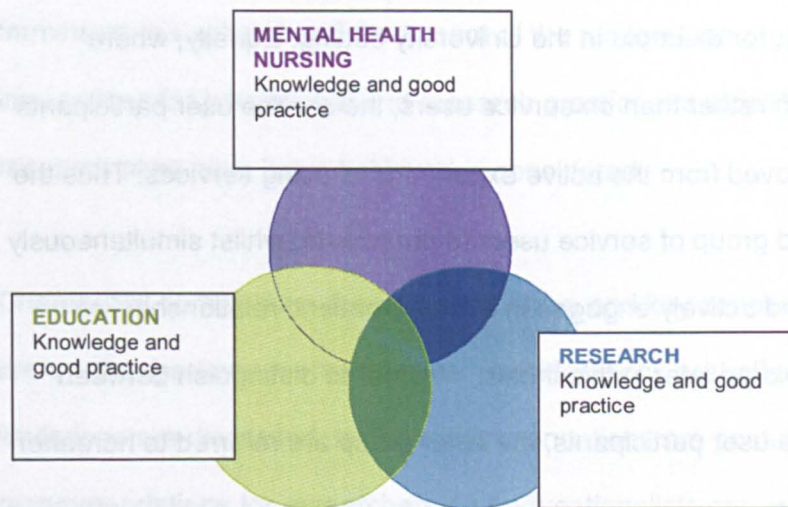


Figure 1. Scope of the research - three inter-related domains

Thus the third aim of this research was:

- to investigate the implications (of both the feedback initiative and the participatory action research approach) for knowledge and practice relating to higher education, mental health nursing practice and research.

Terminology – an explanation

The term 'service user' does not refer to a homogenous group of people. There were two groups of service users participating in this research. The participatory action research approach, alluded to above, entailed a group of stakeholders which included service users. Whilst the service user members of this group were all current users of the local mental health service, this first group of service users were attending the group to contribute to the research, rather than to access services. This approach to involvement is reasonably widespread and is used in many research projects. In contrast, the second group of service users participating in this research were unusual in that their participation occurred when students were actually working with service

users, **at the point of service delivery**. This distinction is important because many efforts to involve service users in enhancing the learning and assessment of student nurses take place remotely, for example in the University setting. Equally, where research is undertaken *with* rather than *on* service users, the service user participants are usually somewhat removed from the active experience of using services. Thus the move to enable this second group of service users to participate, whilst simultaneously accessing service users and actively engaged in a 'nurse-patient' relationship, is significant, for reasons explored later in this thesis. In order to distinguish between these two groups of service user participants, the latter group are referred to hereafter as 'grassroots' service users.

1.4. STRUCTURE OF THE THESIS

Chapter Two presents a critical review of relevant literature and investigates the findings of other related projects. The literature selected provides an international perspective on service user involvement, on learning from feedback, on the importance of interpersonal skills in mental health nursing and on the relationship between power and knowledge. The literature lends weight to the position that students and service users could benefit from carefully managed opportunities to give feedback and that this is a topic worthy of further investigation. Research questions are clarified.

Chapter Three discusses the relationship between epistemology, methodology and methods used in order to justify the choice of methodological approach used to achieve the research aims. A critique of participatory action research is included, ethical considerations are explored and the data analysis techniques are outlined. Thereafter, the methods adopted are explained and described.

Chapter Four outlines both substantive and process findings. Findings are structured around the research questions. Key themes arising from data collected are presented.

Chapter Five discusses the findings, making links with existing literature. The contribution made to new knowledge is considered. The underpinning conceptual framework is explored and the impact of the research on participants is discussed. The implications for educational and research practice are identified and the extent to which research aims have been achieved is considered.

Chapter Six summarises the approach taken and key conclusions drawn. New insights are synthesised and methodological considerations are reflected upon. The project's limitations are discussed, broad recommendations are postulated and practical recommendations for researchers and educationalists are detailed. Finally, the impact of this research on my professional role is explored before identifying scope for further research.

2. CHAPTER TWO – LITERATURE REVIEW

2.1. OVERALL AIM OF THE LITERATURE SEARCH

The initial literature search was undertaken to find the most relevant evidence relating to service user involvement, participatory action research and the development of interpersonal competence in mental health nursing. This evidence was used in a number of ways. Firstly, the search enabled the refinement of the justification for this thesis. Linked to this, it also provided a clear indication that there was scope for original knowledge to be generated from the research. Secondly, the search was undertaken in order to inform final decisions relating to research aims and research questions. Indeed, the latter were substantially amended in the light of learning from the literature. Thirdly, it provided an up-to-date profile of similar research, which enabled plans to be amended in the light of other findings.

2.2. SEARCH STRATEGY

Databases used included: ASSIA, Academic Search Complete, CINAHL, MEDLINE, PsycINFO and Science Direct. These were chosen to provide comprehensive coverage and some had the added value of having links to RefWorks, the chosen bibliography management tool. The selection of key search terms used was far from straightforward due to the fact that many different words and phrases are used as descriptors for literature relating to similar themes. For example:

Key theme	Examples of variations in descriptors used
Service user involvement	Service user involvement; consumer participation; user participation; user involvement; psychiatric patients, involvement
Therapeutic relationship	Therapeutic relationship; interpersonal relations; interpersonal skills; nurse – patient relations
Mental health	Mental health; psychiatry; mental health services; mental disorders
Education of health professionals	Psychiatry, education; education, nursing; nurse education; students, health occupations, evaluations; education, health services; mental health education; psychiatric nursing, education; health personnel, education; education, clinical
Key words (\$ is a wild card)	Consumer\$; Client\$; User\$; Involve\$; Participat\$

Table 1. Examples of descriptors

It was necessary to use a broad range of search terms in order to avoid the unwitting exclusion of relevant literature. However, the use of Boolean connector terms such as 'AND' and 'OR' enabled refinement of the search. Citations were followed up from reference lists of retrieved articles. This ensured that original rather than secondary sources were retrieved. Information was also obtained through a manual search of library facilities, from the Openmind journal (since this journal lends itself towards service user publications and is not included in most databases) and from relevant websites.

No date restrictions were applied at the searching stage as some sources, although more than 10 years old, were of seminal or historical significance. Judgement about inclusion and exclusion proved problematic in that, although there is a clear hierarchy of methodology quality associated with quantitative research, user involvement does not often lend itself to such methods. In addition, professional journals often emphasise results rather than method and therefore there may not be sufficient information on method to enable an informed judgement as to validity and reliability to be made. This review therefore adopted a more narrative approach and papers were initially not excluded on the basis of study type. Owing to the thesis word restriction, decisions about which of 265 sources to include were made on the basis of relevance, contemporaneousness, design quality, written clarity, articulation of service user involvement and satisfactory commentary relating to ethical issues. The profile of literature selected included empirical work, theoretical writing, policy documents, some polemic pieces and user-generated literature and resulted in 130 references.

Relevant themes from the literature were highlighted on the text and subsequently categorised using a matrix to aid data management. Key themes included the importance and development of interpersonal skills in mental health nursing, the role of feedback in learning, the drivers and restrictors of service user participation, the relationship between power and knowledge, the reality of service user participation and

lessons from others' projects. Sections 2.3. to 2.9. reflect these themes . Where sources have particularly influenced my thinking, they have been reported on in greater depth and critical commentary had been provided in relation to the methods used to arrive at conclusions drawn.

2.3. THE IMPORTANCE OF INTERPERSONAL SKILLS

There is a plethora of evidence to support the pivotal importance of the therapeutic relationship, both to those who work in (Sainsbury Centre for Mental Health 2001) and use (Adam et al 2003) mental health services. McCabe and Priebe (2004) identified studies that had used an 'operationalised' measurement to evaluate the quality of the therapeutic relationship in the treatment of severe mental illness. Their findings claimed that, from a professional perspective, there is a clear connection between the quality of the therapeutic relationship and the outcome of any therapeutic intervention. More recently, Priebe and McCabe (2008) argued convincingly that the therapeutic relationship might be therapy in itself. From a service user perspective, Beresford and Branfield (2006) outlined the findings of three projects undertaken by Shaping Our Lives, a national, user-controlled organisation. They found that how the 'patient journey' is experienced is inextricably linked to the destination. In other words, for service users, the eventual success of a period of involvement with the mental health services is dependent upon the quality of their interpersonal experiences with the people trying to help them.

As each author's definition of a therapeutic relationship is partly determined by the presuppositions contained within the theoretical framework they support, subtle differences in emphasis may be found. For example, some commentators have focused on the interpersonal 'ingredients' of the relationship (Moyle 2003) whilst others have highlighted its purpose (Wortans et al 2006). Although there are some differences in perspective and scope (both within and between professional groups and between professional groups and service users), there is broad agreement in the literature that

the therapeutic relationship is multi-dimensional, encompassing affective, cognitive, moral and behavioural components. Given the widespread consensus about its importance, it is perhaps surprising to note that many theorists provide descriptions of the therapeutic relationship in abstract terms, without identifying specific skills. In addition, despite the importance of the therapeutic relationship, there is little related specific instruction and supervision, and the quality of therapeutic relationships is not routinely assessed (Priebe and McCabe 2008).

2.4. THE DEVELOPMENT OF INTERPERSONAL SKILLS

In the context of mental health practice, a surprising lack of attention is paid to developing and assessing interpersonal skills, widely agreed to be a crucial phenomenon. Furthermore, there is a relative paucity of definitions which provide a clear outline of the behaviours professionals may engage in to succeed, yet succeed they must. This said, some attempts have been made to identify these behaviours (e.g. O'Keefe 2001; Anderson and Stickley 2002; Dziopa and Ahern 2009; Stickley et al 2011) and again, subtle degrees in emphasis are found.

Dziopa and Ahern (2009) conducted a review of the literature and identified a typology of nine attributes which they claim have implications for mental health education and practice. However, their search was confined to the 'evidence base' and it is not clear from their paper what their philosophical stance on this was and whether service user-generated material would be considered as evidence. Stickley et al (2011) used service user-generated qualities whereas O'Keefe (2001) and Anderson and Stickley (2002) do not specify the source of the skills entailed and it is implicit that they were generated from a professional perspective. This presents a complication. There is evidence to suggest that nurses' assessments of service user's views and perceptions may lack accuracy. For example, Redfern & Norman (1999) provided a clear and well-justified account of the methods used in their study, which involved interviewing 96 inpatients and 80 nurses using the critical incident technique. Their findings pointed to a

significant congruence between nurses' and service users' perceptions of quality, but with some difference in emphasis. Furthermore, there is evidence of some discrepancy between the qualities advocated by professionals and those which service users say are helpful. For example, Scheyett and Diehl (2004) developed and implemented a facilitated dialogue between social work students and mental health service users. This revealed that the relationship boundaries taught to students were more distant and less permeable than service users thought helpful. In a nursing context, Moyle (2003) adopted a phenomenological approach to uncover what she described as 'a dichotomy of expectations' between the close relationship hoped for by inpatients with depression and the distant relationship actually provided by nurses. This challenges whether the feedback and judgement of professionals can be completely relied upon (when student nurses' interpersonal competence is being assessed and when practice based learning is being facilitated).

A powerful additional facet to this argument lies with the existential nature of the therapeutic relationship, as referred to by Priebe and McCabe (2008). They have described the therapeutic relationship and communication skills as intertwined, related but distinct phenomena. Whilst the latter are observable and may be objectively described by an independent observer, the former is 'a psychological construct held by the participating individuals on each other and their interaction' (p.522). This distinction is important as it adds legitimacy to the case for asking the people in a relationship for feedback about the relationship.

2.5. THE ROLE OF FEEDBACK IN LEARNING

From the literature review, the emphasis of this project has evolved. Initially the focus was on the potential contribution of service users to the assessment of students' interpersonal competence. Over time, and influenced by others' findings, the focus settled on learning through feedback, which is described as 'the lifeblood of learning' in the accessible and seminal work of Rowntree (1987 p.27). Koh (2008) argued that

constructive formative feedback is underutilised in nurse education and under-conceptualised in higher education. Properly conducted, it has the potential to enhance insight and confidence (Clynes and Raftery 2008), long lasting behavioural change (O'Keefe 2001), deep learning, self-esteem, motivation and employability (Koh 2008). There is broad agreement that feedback must be delivered carefully, with emphasis on behaviour rather than character (Clynes and Raftery 2008). Koh recommended that it is best delivered as a dialogue rather than a one-way transmission and presented as an opportunity to learn rather than a judgement about performance (Koh 2008). Eraut (2006) warned that the strong emotional dimension contained within feedback can result in difficulties, particularly for insecure students. Clynes and Raftery (2008) concurred that students' self esteem and their age emerge as important variables affecting the way in which feedback is received. Thus formative assessment has the potential to encourage the growth of a culture which places value on ongoing reflection, evaluation and engagement with learning. However, there are risks as well as benefits, and therefore any mechanism enabling untrained service users to give feedback should be carefully considered.

Reflection and clinical supervision can assist the development of the advanced self-awareness and the attitudinal and behavioural attributes necessary to build therapeutic relationships (McGuire-Snieckus et al 2007; Dziopa 2009; Masters and Forrest 2010). Mindful of this, it becomes increasingly credible to suggest that the opportunity to reflect upon service user feedback relating to appropriate behaviours has the potential to assist with the development of deeper self-awareness and enhanced relationship-building skills.

In summary, the pivotal importance of interpersonal skills in mental health care, coupled with some weaknesses in professionals' ability to define and judge these skills, is suggestive of the fact that there could be merit in asking service users to become

involved. So far it has been established, in principle at least, that asking service users for feedback could aid student learning.

2.6. SERVICE USER PARTICIPATION: DRIVERS AND RESTRICTORS

There are important other reasons why service user involvement is warranted.

Increasing consumerism, and its underlying doctrine that recipients of services have a better grasp of their needs than professionals, has resulted in political (DoH 2001, Sainsbury Centre for Mental Health 2001), professional (e.g. NMC 2005, 2010) and legal (emancipatory human rights legislation) imperatives requiring that the health service involves service users. The political drive for this change is supported by both main political positions in the UK, the Left and the Right, for different reasons. The Right favours consumerism, self-reliance and individual choice whereas the Left emphasises voice, democracy, equity and advocacy (Ward et al 2010). Beresford and Branfield (2006) added that a contemporary emphasis on human rights, outcome measurement and choice have reinforced this thrust.

However, although user involvement is now part of the mainstream rhetoric, as recently as the 1990s genuine user involvement was described as belated or reluctant (Rudman 1996), rare, utopian and perhaps revolutionary (Linnett 1999). Since then, other impediments included the view that mental health service users are incapable of expressing a rational opinion (Davies 2005), are given unequal credence (Stickley et al 2010) and are involved in a merely tokenistic manner (Simons et al 2007, Elstad and Eide 2009).

Horrocks et al (2010) sought to establish whether service user involvement at Health and Social Care Board level resulted in better outcomes for all service users (rather than the benefits associated with empowerment for individuals involved). A case study approach was adopted, with a postal questionnaire and documentary review of the minutes of Board meetings to collect data. They found evidence of a symbolically

valuable, visible commitment on the part of professional Board members to share knowledge and establish different relationships with the four service user and four carer representatives. However, they also found no strong evidence that Board level involvement resulted in changes in the power dynamics or achievement of the outcomes desired by service users and carers, despite them feeling better informed. They suggested a more individualistic approach may be more effective, although the examples provided are somewhat unclear. These findings lend implicit support to the 'micro level' approach which underpins my research. By this I mean the unproven idea that one way of improving the mental health service is to create professionals who better value the expertise of service users.

Beresford (2010) provided an update on the service user perspective of user involvement. He made a case for recognising diversity within the umbrella term of service user. For example, particularly unequal and disempowered users (such as mental health service users) seldom have their direct voice heard. Rather, their views are reported on by others and Beresford suggested that 'significant fault lines' can be expected between these views and those of professionals.

Davies (2005) cited the common perception that the views of service user activists are often unrepresentative, arguing that experienced representatives become socialised into the structures and processes of involvement, thereby becoming less 'ordinary'. There is a lack of consensus about the accuracy of this perception. For example, Ward et al's (2010) qualitative study analysed this and other issues in the context of participation in research. They argued that *consumers* and *citizens* have different functions in society. Whilst both involve inclusion, empowerment (power sharing) and participation, citizenship encompasses both rights and responsibilities (for others) whereas consumers have only rights (relating to self interest). In this sense, the latter pose a threat to the former. Indeed, they question whether consumers who opt to be involved in research are really representative or objective, given their 'life-worlds'

('bigger things to worry about'), They also explore the term 'professional lay person' as the notion that people with economic, cultural and social capital are more likely to get involved with research. In contrast, Rose et al (2010) conducted a user-led study in which semi-structured interviews were conducted with both activists and non-activists in two London Boroughs. They found little difference between the views articulated by activist and non-activist groups, thus offering reassurance about the representativeness of those putting themselves forward for involvement.

Even within the last decade, Happell et al (2003) contended that service users often find the attitudes of mental health professionals to be even more debilitating than their mental illness. In the sphere of research, Ward et al (2010) proposed that epistemological dissonance (the difficulty in believing that consumers can bring valid forms of knowledge to bear on the research process) is one explanation of why researchers remain unconvinced of the benefits of service user involvement. In Higher Education too, Bassett et al (2006) observed that academics appear reluctant to relinquish power and embrace user participation, citing 'clever people clever excuses' as a further obstacle to service user involvement (p.397).

Despite these challenges, the drive to work collaboratively towards mental health service user involvement is seen not as an optional extra, but as an absolute necessity. The purpose of this collaboration is, in part, to change the balance of power within mental health services (Breeze et al 2005), to deconstruct in a post-modern way the knowledge and power base of psychiatry (Edwards 2000) and to provide a long term strategy to help prevent students being socialised into negative attitudes (Roper and Happell 2007). In this way the traditional relationship between theory and practice whereby the evidence base is somewhat imposed on the patient may begin to be inverted, by learning about the patient from the patient. Schneebeli et al (2010) endorsed the value of reversing the traditional role of students as teachers of (rather than learners from) service users. They added that if students can learn to recognise

service users' expertise in the classroom then they may also be able to recognise it in practice settings. This key point adds weight to the aspect of this study's conceptual framework which explores power relationships, cultural change and the link between formative assessment and learning.

2.7. THE RELATIONSHIP BETWEEN POWER AND KNOWLEDGE

McCann et al (2008) suggested that a culture of professional dominance results in a reluctance to cede power, yet this relinquishing of power is necessary in order to build effective relationships with service users (Warne and McAndrew 2007). McAllister et al (2004) provided a compelling link between the dominance of a culture which places emphasis on powerful, scientific, problem-identifying, solution-prescribing experts and its corollary - powerless, depersonalised, passive or therapy-resistant patients. This culture of superiority acts as an obstacle to partnership, and changes to the health service which do not fit with the medical model are often more difficult to achieve. A paper from Australia discusses service user involvement in evidence-based health care (Jordan and Court, 2010). The authors argued that a rigorous evaluation of the evidence base is essential but insufficient in itself for the development of clinical guidelines. Citing social construction theory, Jordan and Court (2010) suggested that consultation with service users is crucial as they have knowledge, understanding and experience of the diagnosis and management of the illness process which is different to that of professionals. This constitutes a more inclusive concept of the evidence base, which should encompass best evidence, context, client preference and clinical judgement. This is relevant because asking services users for feedback is one way in which a practitioner might learn to embrace a more inclusive approach to the concept of evidence based practice. Indeed, Thomas et al (2010) argued that effective involvement required a change in culture, starting with the need for a respectful relationship with the clinical team(s) that support them.

2.8. SERVICE USER INVOLVEMENT – THE REALITY

The literature reveals evidence of the impact of service user involvement across a number of domains connected with health provision. Moving from rhetoric to reality, Bailey (2005) used an action research approach which enabled service users to provide feedback on the assessed work of students undertaking Master's module in mental health. She analysed qualitative data arising from group discussions and focus group interviews to evaluate the views of students and service users. Conducted over five years, the study showed that improved mental health outcomes resulted from service users being involved in providing feedback. Bailey (2005) concluded that empowerment was an important contributing factor. Thus there is some evidence to support the premise that, in principle at least, asking service users for feedback could be therapeutic. Indeed, Elstad and Eide (2009) suggested that user participation has therapeutic value in itself, in terms of moving from helplessness to influence. Although their discussion of related social scientific theory is not expressed clearly and is therefore difficult to understand, the ensuing message is clear. They remind the reader of the need to put greater emphasis on user involvement at service delivery level and not solely at the systems level.

Harding et al (2010) interviewed 10 mental health service user representatives on the panels responsible for developing NICE guidelines and found that, although barriers pertaining to unwritten rules and social comparisons exist, overall those involved felt a useful contribution had been made. Warne and McAndrew (2007) suggested that both educationalists and mental health nurses take a more reflexive approach to encounters with patients, taking steps to ensure that the patient experience is recognised as a primary source of knowledge. The value base of *the recovery model* (respect for the individual, therapeutic optimism, working with strengths as well as problems and appreciation of power imbalances) is crucial to contemporary mental health services and the culture this model engenders is conducive to participation. Tickle and Davison (2008) stressed the intrinsic importance of partnership in service user involvement in

mental health professionals' education. Their paper also highlighted the influence (both encouraging and detrimental) of the placement culture and the attitude of key 'culture carriers' such as practice supervisors. Although the experiences of their sample were patchy, overall they saw involvement (in terms of the provision of general feedback) as a mutually valuable experience which could potentially lead to attitude and behaviour change, acting as a kind of catalyst for cultural shift within the services as a whole.

Wilson and Fothergill (2010), an academic and a service user, co-wrote a paper describing the rationale for, and purpose and benefits of, the first service user and carer-led research group set up in Wales. In part, this was motivated by the fact that, although most clinical research groups have service user representation, users are outnumbered by 'professional' researchers and do not take a lead. A combination of training (in research) and empowerment was central to the model they adopted, and resulted in a therapeutic shift in self-perception for service users, towards that of 'useful, expert citizen'. They described the gradual creation of a different, more equal relationship with professionals, along with the enhancement of mutual credibility. They also acknowledged that an over-reliance on a few service users to represent their peers could sometimes be detrimental to their health. The findings of their research supported two aspects of my study – that soliciting feedback at a grassroots level has the advantage of not overburdening a few willing volunteers and that changes in relationship dynamics between service users and professionals are mutually beneficial.

Tew et al (2004) articulated 'the bottom line'. This is the anticipation that service user involvement will result in practitioners who deliver better care. One way of working towards genuine, bottom-up change (in terms of the empowerment of mental health service users and the development of requisite skills in the mental health nurses of the future) could be to create an extra requirement for true listening, which could then develop into custom and practice over time. This example of true listening and empowerment could manifest itself through the requirement of student mental health

nurses to learn from and show respect for service users by asking them for feedback. Ward and Rhodes (2010) argued that, for the authentic embedding of a consumer culture in university programmes, planning and support networks are needed to ensure interaction, sharing and discussion between service users and academics and assert that users should work in partnership with academics on the design, delivery and evaluation of modules. Similarly, Bassett et al (2006) urged people to 'just do it', with a salutary reminder that education is 'for the heart as well as for the head' (p.395).

Whilst such rallying cries are influential, more recently the literature has cautioned that a proactive but targeted approach to involvement should be adopted. This is to address the challenge of developing sustainable, effective and meaningful learning partnerships between users, academics and learners and counters the suggestion that any involvement is better than none (e.g. Gutteridge and Dobbins 2010; Morrow et al, 2010). Moreover, Wright et al (2010) suggested that, despite the recommendations of the Department of Health 'INVOLVE' document (2004), the issue of service user involvement in research typically provokes polarised views, ranging from those who view user involvement as a panacea and those who see it as potentially damaging. Wright's paper put emphasis on the need to assess the impact of user involvement and, in particular, the influence of involvement on the quality of the research. As they put it, 'ideological concerns should not supercede pragmatic considerations' (p.361).

In summary, the literature supports the value of proactive but targeted service user involvement in practice, education and in research, both 'at the coal face' as well as at a systems level. The rationale for this has philosophical, emancipatory, therapeutic and pragmatic roots.

2.9. LESSONS FROM OTHER PROJECTS

There are several examples of research in which current mental health service users

professionals. These have been in nursing (e.g. Morgan & Sanggaran 1997; Moyle 2003; Stickley et al 2010), in medicine (e.g. Black and Church 1998; McCabe & Priebe 2004,) in psychology (e.g. Tickle and Davidson 2008) and in social work (e.g. Edwards 2003; Barnes et al 2006).

Overall, most attempts have been evaluated largely favourably (e.g. Elliott et al 2005; Barnes et al 2006) but there is a consistent flavour of ambivalence (Speers 2008; Stickley et al 2010) and complexity (e.g. Lathlean et al 2006). For example, Molyneux and Irvine (2004) explored ways of engaging service users and carers more fully in an Approved Social Work Programme. They described their progress as a struggle, with most arrangements for soliciting feedback initially being found wanting. However, over time they judged themselves to be learning how to largely avoid tokenism as they worked together to find more satisfactory strategies. Relating to the assessment of the practice competence of professionals training in psychological therapies, Townend et al (2008) noted that the requirement for some user feedback in support of competence is increasingly common, although user involvement in the summative decision is rare. Indeed, Black and Church (1998) recommended that feedback is not used to inform summative assessment of competence as this reduces student openness to feedback and nurtures an unhelpful focus during the placement. Also, feedback from one 'difficult patient' could skew results. An attempt by Calman (2006) to involve service users in assessment of nurses' competence in a general hospital setting found them unwilling. She postulated that the apparent need for service users to hold an unquestioning attitude to nurses' competence was derived from a defence mechanism unconsciously adopted to combat their uncertainty and anxiety about nurses' responses to assessment.

The three most contemporary studies with greatest relevance to my proposed research have been examined in detail (Masters and Forrest 2010; Stickley et al 2010/11 and Debyser et al 2011). However, where earlier studies have been judged to offer useful

pointers, these have also been included. It is suggested that feedback should be individualised and be provided through a *choice* of conduits, such as questionnaires or interviews (Morgan and Sanggaran 1997) and strategies and safeguards should be carefully considered (Speers 2008). All participants should be volunteers and be properly prepared (Bailey 2005). Ager et al (2004) issued a warning that overwhelmingly positive feedback is not particularly helpful. They argued that the views of 'captive service users' (p. 13) are often insufficiently recognised and that students should have feedback in time to improve. The term 'captive' refers to a group of particularly marginalised service users, those who have been compulsorily detained under the Mental Health Law.

Masters and Forrest (2010) reported on a mechanism for obtaining service user feedback for third year student mental health nurses in an acute inpatient setting. A total of 188 accounts, written by 94 students and reflecting on individual experiences of service user feedback about practice were qualitatively analysed. In their review of the literature, Masters and Forrest (2010) point to the underdeveloped nature of such enterprises and discuss the dangers of tokenism (for example through asking about competencies set out by professional bodies rather than by service users themselves). All students were required to ask for feedback on at least two separate occasions and from two separate service users. Students were given guidance that their approaches should be considered with mentors beforehand and be sensitive and non-coercive, offering a choice of verbal or written feedback and allowing for informal 'windows of opportunity'. Most students preferred the former approach (i.e. asking generalised, unplanned questions during ordinary conversations with service users, for example 'how do you feel I am getting on?'). However, at times this approach resembled 'skirting around' to the researchers. In a minority of cases, a more direct and planned approach was used, encompassing feedback on strengths and areas for development. With regard to the latter, students wondered whether this direct approach tended to elicit responses designed by service users to please but, unlike other research, most

students were unconcerned about services users' mental state skewing results.

Feedback received was generally but not exclusively positive. Findings suggested that students' inexperience sometimes led to intrusive, naive or insensitive interactions.

Significantly, gaining this feedback enabled students to reflect, developing and learning as a result. Indeed, both direct and indirect feedback appeared to be of value in developing students' emotional intelligence and their sense of what constitutes good nursing. Most experienced praise as motivating, confidence-boosting and encouraging, although a few found it embarrassing.

In their conclusion, Masters and Forrest (2010) asked whether this kind of feedback and formative assessment really is possible as a partnership venture, or whether it is tokenistic involvement which does little to change traditional power structures. They suggested that it is essential that this is not seen as an optional, less valuable 'extra' to summative assessment. It fits seamlessly with a values led curriculum aiming to create collaborative practitioners. For this process to be meaningful, service user feedback should be seen as integral to practice, rather than just the assessment of practice. Longer, service user pathway orientated placements would assist meaningful involvement. They close persuasively by offering a reminder that the primary evidence base should be derived from listening to service users' accounts and experiences of 'what works'.

Stickley et al (2010) recommended that the assessment *per se* of student nurses by mental health service users is ill advised and intimidating to both groups, within the cultural context of the current service. However they went on to suggest that learning from service user feedback could and should occur from the requirement of evidence supplied by service users in support of achievement of competence and through feedback solicited through collaborative working and engagement. Other recommendations were that the solicitation of feedback should commence in the second year, that the term 'review' is preferable to 'assessment' and that the original assessment tool (which focused on criteria for assessment) should be replaced by a

tool which is tailored for each clinical area, containing suggestions for appropriate interactions and reflection. Whilst the principle remains that all service users could participate, Stickley et al (2010) suggested that their level of distress should be considered by mentors before they are approached for evidence. They found that, where a trusting relationship existed between service user and student nurse, feedback had a positive effect on the student's confidence, identification of areas for development and ability to identify with the service user. In fact in these instances the involvement was found to be mutually beneficial. Where a trusting relationship did not develop between service user and student, the 'substantial critical feedback' received was dismissed by the student and the clinical team on the grounds of the service user's mental illness, paradoxically creating the ironic situation in which both the students' identity as a professional nurse and the nurse-service user divide were strengthened. Likewise, Rush (2008) argued that students see service users as 'other' (rather than 'ordinary people') when they are in practice, tending to align their approach to that demonstrated by qualified nurses.

This tendency towards compliance with professional norms in the quest for acceptance was also described by nursing students in a study by Levett-Jones and Lathlean (2009). One of the clearest difficulties was the detrimental impact of negative feedback on student nurses, who emerged as more vulnerable and disempowered than had previously been thought. With the whole concept clearly involving at least two vulnerable groups, Townend et al (2008) cautioned that the careful management of the feedback process is absolutely crucial in order to avoid the potential for both parties to be disempowered. Indeed, feedback to doctors who scored low on empathy has been shown to help them improve their subsequent scores, provided it is delivered in a relaxed and non-threatening environment (Mercer and Reynolds 2002). Clearly, the context in which the feedback is given is crucial.

Stickley et al (2010/11) found further impediments included the reluctance of some students and staff to commit to any initiative which would increase their workload, reservations about the ability of service users to assess and concerns about potential stress for service users. However, service users were more positive, although they did acknowledge feeling uncomfortable about delivering critical feedback, despite a protective practical strategy put in place to support them to do so. This finding was supported by Morgan and Sanggaran (1997). Stickley's team felt unable to override the entrenched cultural barriers to successful implementation of the project, despite their best efforts. However, the study provides encouragement by endorsing the overall value of such an initiative and identifying useful practical pointers for the future, namely the empowerment of students.

Bailey (2005) found there was a mixed response from students. Whilst most valued the freshness, constructive nature and the authenticity of user feedback, others felt it could be more relevant (applied to their issues rather than broader service issues) and balanced at times, adding that this could be ameliorated by better preparation.

Edwards (2003) found the consideration of service user feedback (derived from a feedback form completed mid/end of placement) in both supervision sessions and in the assessment decision to be useful. Lloyd et al (2005) articulated the gap between enthusiasm and aspiration for involvement and actual change. They devised a toolkit, using service users' own perspective, in order to achieve more authentic service user involvement.

Most recently, Debyser et al (2011) presented a Belgian study which builds on findings of similar studies reported in the UK and Australia. They describe a method of enabling mental health nurse students on placement to get feedback from service users in inpatient settings. Their research entailed in-depth interviews with participants involved in a project in which four volunteer students solicited feedback from service users whilst on placement. The method they adopt involves facilitation of a 'tripartite feedback

conversation' by a nurse working in the area who was specifically not the student's mentor. A 'much valued' tool was used (but not described).

Debyser et al (2011) found that the nurse assisted with the creation of a safe environment, intervening if the conversation showed signs of heading in an unhelpful direction. Their paper is original in that they conceptualise the dynamics of the conversation which are both helpful and unhelpful, either due to issues relating to the student, the service user or both. For example, helpful conversations were more likely to arise if the student is flexible, person-centred, validating, sensitive, self-aware and towards to the end of their placement. Less promising was a student profile which includes a task centred, avoidant, unself-aware approach. Similarly, less helpful conversations with service users were more likely to occur if service users were lacking in maturity, too eager to please, had personality issues or rigid thinking or were in a particular phase of mental ill health. They recommended that early investment in the preparation of all concerned pays off, that feedback should not be requested where there are too many complicating factors and they make several other practical suggestions with regards to process. What was most striking however was the certainty with which they advocated that this feedback system enhances student reflexivity, self-efficacy and empathy. With regard to the facilitating nurse, they observed that they benefitted from new, nuanced and refreshing perspectives of both students and service users. They added that the process also enhanced service user self-esteem and the skills of recovery, suggesting that, when conducted properly, this makes for a more enriched, reinforced and complete assessment. (It is not clear from the paper how it feeds into assessment). Although very small scale, this paper is encouraging as it too spells out the close link between (formative) assessment and learning.

In summary, findings from existing projects stress the importance of formative feedback which may inform learning and, vicariously, assessment. They also emphasise the need for the careful management of any system put in place to avoid exacerbating the

existing disempowerment of students and service users. In terms of the justification of this thesis, it would seem that there remains much to be learned about the design, impact and effectiveness of systems enabling service users to give feedback to students.

As outlined in Chapter One, the original aim of this research was practical, i.e. to introduce and evaluate a mechanism enabling mental health service users to provide feedback about interpersonal competence directly to student nurses. However there was also a strong philosophical underpinning, represented by the aspiration to test out options for working together to enable the expertise of service users to be better valued and harnessed. Whilst the fundamentals of this vision did not change, the details were influenced by the literature in that the central importance of power relationships became clearer to me. Thus the research questions were revised as follows:

1. When student nurses ask service users for feedback about their interpersonal competence, how is this experienced by those involved?
2. How has this research approach informed the quest to design, refine and evaluate a mechanism for enabling students to ask for feedback?
3. When nurses and service users engage in participatory action research, how is this experienced by those involved?
4. What is the impact of this initiative from an educational, a nursing practice and a research perspective?

As the conceptual framework for this thesis developed, an ongoing search of the literature enabled the pursuit of additional evidence relating to key themes emerging. For example, as it became clear that the issue of power relationships was threaded, either implicitly or explicitly, through much of the relevant literature, theoretical writing was sought in order to build a deeper knowledge base.

In essence, an iterative search process followed on from the initial search. For example, the initial search focused on literature relating to the assessment of student nurses by service users. However, others' persuasive findings indicated that an alternative focus, that of service users giving students feedback to aid learning and development, would be preferable. The focus of both the search and this chapter were amended accordingly.

In summary, the key messages from relevant literature are distilled as follows. The crucial importance and existential nature of the therapeutic relationship have been discussed, along with the challenges facing professionals in their quest to define, teach and assess the skills needed to form such relationships. The potential contribution of service users' feedback to assist students to learn these skills and develop respectful relationships in practice has been demonstrated. The political, epistemological, emancipatory and pragmatic reasons driving the thrust for increased service user engagement have been articulated, whilst some important restrainers have also been acknowledged. Overall, the literature supports the value of targeted service user involvement and an argument has been put forward for the proactive involvement of service users 'at the coal face', as well as at a systems level. In essence, the literature lends weight to the position that students and service users could benefit from opportunities to give feedback and that this is a topic worthy of further investigation. In addition, the literature has provided an international perspective on findings from existing projects and these emphasise the need for the careful management of any system put in place to avoid exacerbating the existing disempowerment of students and service users.

Mindful of the research aims and questions and informed by the literature search, the next chapter provides a detailed rationale for and description of the chosen methodology and research design.

3. CHAPTER THREE – METHODOLOGY, RESEARCH APPROACH AND METHODS

3.1. METHODOLOGY

Carter and Little (2007) argued that the systematic consideration of the internal consistency between epistemology, methodology and method provides the most appropriate means to plan, implement and evaluate research. These three facets are explored in turn.

3.1.1. Developing an Epistemological Stance

The focus of this research evolved over time and other facets were similarly 'fluid' throughout the lifespan of the project. This required reflexivity and the central importance of this quality is discussed later. A reflexive researcher actively (rather than implicitly) adopts a theory of knowledge. Therefore I needed to decide 'what knowledge is' and was aware that there is a confusing array of legitimate perspectives on this issue. Carter and Little (2007) suggested that epistemology is to do with values and, whilst aspiring to keep an open mind, it is also important to be transparent in the examination of pertinent influences. The influence on my thinking of the prevailing culture of the mental health services (described as steeped in a discourse of treatment and care, control, compliance and professional expertise by Warne and Stark in 2004) has already been articulated. Despite the political and cultural drivers calling for greater involvement of service users, an overemphasis on the scientific paradigm has led to patient knowledge being relegated to that of least value in the evidence-base hierarchy (Simons et al 2007).

In addition, it is important to state my ontological perspective (view on the nature of reality). I have taken a relativist position, asserting that knowledge is a social reality, value-laden, and it only comes to light through interpretation. I have been influenced by the seminal ideas of Foucault, Freire and by postmodernist thought. What is clear is

that the powerful can privilege and propagate their own version of the truth (Hui and Stickley 2007). As Foucault (2001) suggested, once a powerful position has been achieved, this dominant position can be exploited through the repetition of certain language and actions. This often results in embedded change and a broad acceptance of the supremacy of the 'knowledge' subscribed to by this dominant group. Thus 'the truth' is socially constructed. Yet postmodernist theory encourages looking beyond the idea that there is one truth, embracing the concept of many truths. Freire (1972) led the way by showing that it is possible to gain knowledge from the oppressed, as well as the powerful. He postulated that the silence of the marginalised should be pierced.

Thus it can be argued that one culturally constructed truth (the positivist evidence base) has achieved a dominance which has been perpetuated through the system. This dominant discourse has added to the power of those who hold and create this knowledge, whilst diminishing the influence and status of other legitimate truths (such as the voice of service users). This matters because there is evidence that this has been harmful. For example, as previously mentioned, Happell et al (2003) contended that service users often found the attitudes of mental health professionals to be even more debilitating than their mental illness. This is not to suggest that the positivist evidence base has no value. Rather, I am arguing that the most appropriate knowledge base for mental health is one which is inclusive and reflects the complexities of the issues. Therefore there is a need for a sort of 'positive discrimination', whereby particular effort is made to harness the currently undervalued knowledge held by the oppressed (in this case the service user). In this way these 'other truths' can be considered alongside knowledge from more traditional sources.

This stance may be legitimately contested. Morrison and Lilford (2001) explained that concerns about being 'scientific' stem from intellectual qualms about how best to attain genuine knowledge into human affairs and the need to produce generalisable findings where the health service is concerned. Nevertheless, the stance is not new. It has been

articulated by professionals (e.g. Warne and McAndrew 2007), by organisations (e.g. DoH 2002) and by service users (e.g. Beresford 2002). Carter and Little (2007) suggested the inversion of the traditional relationship between theory and practice (whereby the evidence base is somewhat imposed on the patient), by learning about the patient from the patient. Since it has already been seen that knowledge and power are linked, an additional rationale for this collaboration is to change the balance of power within mental health services (Linnett 1999; Breeze et al 2005) and to deconstruct, in a post-modern way, the knowledge and power base of psychiatry (Edwards 2000).

Henderson and Henderson (2010) argued effectively that the consideration of everyday knowledge from the patients' perspective provides added value, complementing the propositional knowledge afforded by dispassionate, objective (and arguably reductionist) research methods traditionally used in health care. The fact that inferior status is still given to non-propositional, experiential, subjective information ensures that the balance of power remains seriously skewed. Furthermore, they suggested that, for knowledge to be genuinely useful, an inclusive approach to the evidence base must be taken. This is best achieved if propositional knowledge is debated, contested and verified through the larger community, ideally through discussion between health professional and patient (i.e. through interaction in the health care setting). Their views concurred with those of Horrocks et al (2010) and of Jordan and Court (2010) and these papers lent weight to the epistemological position taken by this thesis. These findings also suggest that the uncovering of knowledge in this way (through research which attempts to engage service users at a grass roots level) is relatively rarely achieved. This adds weight to the idea that this 'micro-level ingredient' has strands of originality, an important ingredient in doctoral research.

3.1.2. The choice of paradigm

The choice of paradigm depends on the research question being asked (Denscombe

2003), on the epistemological stance taken and on the culture in which the research is conducted (Carter and Little 2007).

The research question entailed the evaluation of a change involving complex interrelated issues in a specific, real-life setting about which I already had a 'pre-understanding'. The research yielded rich, qualitative data in textual form. Furthermore, results hinged on the collaborative interpretation of that experience, using a process involving inductive reasoning. This is in line with the interpretive paradigm (Cohen et al 2000, Polit et al 2001). In addition, Beresford (2007) suggested that an interest in 'lived' experience is inherently political in nature and collides with positivist values of neutrality and distance. Indeed, the virtues of 'outsidership' have long been extolled but this view was countered, initially in relation to anthropology, as the perspectives of both the insider and the outsider reveal certain truths, with each perspective having advantages and disadvantages, both intellectual and practical (Hellowell 2006).

'The chances of findings being valid can be enhanced by a judicious combination of involvement and estrangement. However, no position, not even a marginal one, guarantees valid knowledge; and no position prevents it either' (Hammersley 1993 p.219).

It is clear that there are elements in the overarching philosophy of this project which fitted with other paradigms (as described by Cohen 2000, for example). One such 'overlapping belief system' is that which is adopted by the constructivist paradigm. This involves the active implementation of new concepts based on existing knowledge, and there is an obvious resonance with the aims of this project here. Equally, critical theory (the refusal to accept the status quo relating to inequalities and the acknowledgement that knowledge is not value free and bias should be articulated) has a similar resonance. It is therefore not easy to be categorical about this issue. Indeed, Cohen et al (2000) argued that research should not be 'paradigm-bound' (p.106) and Silverman (2000) warned that the different stances are not necessarily mutually exclusive. Hence

it may be possible to assert that, for this project, the interpretive paradigm is predominant, with elements of the constructivist paradigm and influenced by critical and postmodernist theory.

I searched the literature to discover more about the approaches taken by others undertaking similar studies and have discovered that there is no unanimity or uniformity. Occasional examples of research adopting more positivist methodological approaches have been found (e.g. Black and Church 1998). Other projects, although set in the interpretive paradigm, have aspects of a more traditional approach and contain some quantitative methods including the use of numerical data (e.g. Barnes et al 2006).

Given the aims and objectives of this project and the mix of paradigms as articulated above, there are a number of options available in terms of research approach. For example, constructivist grounded theory allows an interactive, interpretive, inductive approach whereby theory is mutually created by both the researcher and participants. Theory is discovered, developed and tentatively verified through data collection and analysis (Mills et al 2006). In this sense it enables fresh perspectives to be arrived at and is particularly useful when applied to emergent fields such as service user engagement in the assessment of students' practice. However, its relative attachment to 'a clean slate' precludes the acknowledged influence of existing literature and the personal values underpinning this research project. Another contender is the use of ethnography, due to its interest in understanding human behaviour within its cultural and social context (Polit et al 2001). In Chapter Two, the clear relevance of social policy and the culture of Higher Education and the Mental Health Services to this study has already been discussed. Thus this approach, with its associated allowance of meaning and 'thick description' to emerge from the ethnographic encounter, lends itself to aspects of this project. However, there is overt emphasis on change inherent within the aims and outcomes of this research. Thus, although the culture in which the

research is to take place has clear relevance, an additional dimension is introduced. In addition, the conventional ethnographic emphasis is on 'fieldwork', requiring the researcher to spend time in the company of those they are trying to understand in an attempt to view the phenomena through the lens of the participants. This position, as both participant and observer, presents a challenge as my own role within the culture being studied is distinct. As participants involved in this initiative will reflect on their experiences, largely through oral narratives and will occasionally try to make sense of their involvement in writing, it follows that it is worth considering an approach such as narrative analysis. Much can be learned from the interpretation and reconstruction of participants' accounts of their experiences (Wertz et al 2011). Narrative analysis facilitates 'meaning making' and acknowledges that language is not neutral, but a tool implicated in structures of power and the social identities of participants. This aspect has clear relevance to this study, which it has already been established is connected to power relations, particularly due to the dominance of the discourse of Psychiatry and positivist 'ways of knowing', along with the relative vulnerability of service users and students. Equally, this theoretical approach to the interpretation of conversations may be compromised by the fact that any conversation between myself and participants may be complicated by the very power imbalances I am seeking to investigate.

Whilst this array of research options indicates that the choice of methodology is not 'a given', the approach which many of the studies have adopted and which I am most drawn to for reasons which are articulated below is that of *participatory action research*.

3.2. THE RESEARCH APPROACH

3.2.1. A participatory action research approach – the rationale

Whilst action research is a 'broad church', it is based on some generic principles.

Action research makes use of the cyclical process 'look, think, act' (Koch and Kralik 2006). This definition of action research by Reason and Bradbury (2001), summarised its *raison d'être*;

'(Action research) seeks to bring together action and reflection, theory and practice, in participation with others in pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities' (p. 1).

Varying degrees of collaborative participation may be found in action research. As part of the justification for my research entailed the need to involve and listen to service users and other key stakeholders, it followed that I should consider undertaking action research with a participative (or cooperative) component. The participatory aspect of action research is akin to the ideas of Freire (1972), who, as described in section 3.1.1., broke with the tradition of undertaking research *on* oppressed people and championed the undertaking of collaborative research *with* oppressed and excluded people, thereby enabling them to move beyond passivity in a world over which they have no control. Put simply, participation involves research *with* rather than *on* groups and this approach is both emancipatory (Tee and Lathlean 2004) and potentially therapeutic, as mental distress is both a cause and an outcome of exclusion (Repper and Perkins 2003). Koch and Kralik (2006) summed up action research as a way of working with people to make a difference, respecting the fundamental right of individuals to contribute to decisions that affect them.

Linking epistemology with methodology, cooperative enquiry as a form of research engages participants normally excluded from the research process (Tee and Lathlean

2004). This allows them the opportunity to take part in collaboratively generating new evidence for practice, derived from their imagination, experience, thoughts and action (Tee et al 2007). Key voices supporting the legitimacy of this form of applied knowledge include Reason (1988) and Rolfe (2006a). As Koch and Kralik (2006) put it:

'The ability to make a difference to people's lives has been a major driving force. We view the participatory ethos as taking action towards social change and strongly believe that social justice and equity are enhanced when democratic principles guide our practice and research'. (p.2)

One of the criticisms of conventional research is that it provides knowledge that is often not applied. One of the strengths of action research includes its potential to narrow the theory practice gap, thereby reducing the polarity between rigour and relevance (Levin 2003). In turn, Rolfe (2006 a and b) provided a strong defence of action research, arguing that, provided the research is robust, the generation of contextual evidence through reflection may be stronger than that derived through non-naturalistic designs.

Vulnerability and power differentials are key features of the environment in which the research took place. Both the literature and my own professional experience lend weight to the fact that (to a greater or lesser extent) service users, nurses, and indeed the mental health component of the health service are disadvantaged. Elsey and Lathlean (2006) pointed to the value of 'time out' whereby staff and service users can come together to reflect and evaluate. However, the findings of Stickley et al (2010/11) described a paradoxical effect of increased collaboration between users and student nurses. They noticed a tendency for student nurses to salve their vulnerability by siding more firmly with 'the staff camp' in the face of service user empowerment. This said, there is evidence to show that increased collaboration between staff and service users has largely therapeutic repercussions (e.g. Schyett and Diehl 2004 and Elstad and Eide 2009). Tee et al (2007) provided a welcome and unusually detailed account of the

methods used in their experience of setting up a cooperative enquiry group. They concluded that co-operative enquiry is a safe and effective vehicle for the students to learn from service users. Overall, the validity of action research comes from improving people's lives (Levin 2003), whilst the discussion, debate and deliberation within the group enhance reliability.

Conversely, Carr (2004) suggested that little is known about the impact and outcomes of participatory initiatives. Although a committed proponent of service user involvement, Beresford (2007) warned that it is a mistake to assume that there is consensus about the merits of involving service users in research, or that knowledge gained will be considered of equal value to that gained from more traditional approaches. He cited negative press – encapsulated in the titles of various publications – *'Necessity or nuisance, the role of non-researchers in research'*, *'research by public could be unreliable'* *'some perils and pitfalls of participatory research'* as evidence. Beresford called this 'an important undercurrent... which should not be underestimated...[and] there is a significant tension here' (p. 307). In a later paper, Beresford (2010) emphasised the importance of recognising service users' relative powerlessness and highlighted the danger that the precious energy of their input could lead to little discernable change. This point provides an unintended endorsement of service user involvement in action research projects, as a good link between effort and change is likely.

In a similar vein, Torrance and Wilson (2010) commented in their editorial that there is little evidence that the research papers amassed relating to service user involvement have been successfully used at the coalface. This too is implicitly supportive of one of the advantages of participatory action research.

In summary, when choosing a research approach from a range of potential options, all of which have strengths and weaknesses, I settled on participatory action research for several key reasons. Returning to the aim and objectives of the research and in the

light of relevant literature, it can be seen that a research approach which allows the pursuit of change, hopes to make a difference to participants and actively seeks to involve and empower stakeholders (some of whom are relatively vulnerable and their expertise marginalised) was needed. Of all the choices available, it was clear that participatory action research provided a good fit with these requirements. Furthermore, it was important that this research resulted in new knowledge that was practical as well as propositional, professional and personal. Several of the research papers which most influenced this research to date have employed a participatory action research approach. Having critiqued the benefits and challenges of participatory action research, I concluded that, in the context of my research, this approach provided the best congruence with the ontological and epistemological standpoint, the research question(s) and the overarching paradigm. This final point most influenced my decision to choose a participatory action research approach.

Although this approach was at times problematic, I am mindful of the most important proviso, that the quality of the action research will be judged by the quality of the research process. Whilst problems could not be eradicated, they could be rationalised, sometimes anticipated and always exposed with honesty. In keeping with the principles of action research, variables were acknowledged and considered, rather than controlled.

Whilst a justification for the above methodological standpoint has been rationally presented, it must be acknowledged that it is inevitably permeated with values. Therefore I have attempted to consciously uncover the role of the beliefs and values I held when selecting the research methodology, as recommended in Hellowell (2006). Furthermore, Wame and McAndrew (2007) suggested the need for a critical awareness of personal biases resulting from past education, culture and experiences and Koch and Kralik (2006) recommended that a systematic reflection on the beliefs and values driving the research is a starting point for any action research project. I

have therefore written an account of my existing beliefs, the cultural and educational influences on me and the impact of past relevant experiences in order to better understand and be open about my psychological and sociological position before starting the research. The first page of my reflective journal, written in August 2009, in which I articulated my personal preconceived ideas, is reproduced in appendix 1.

3.2.2. Ethical considerations

The maintenance of the dignity, rights, safety and wellbeing of participants was an overriding consideration. At least two groups of participants in the research group could be considered vulnerable and therefore in need of special protection i.e. service users and student nurses. The ethical principles with the most potential to be compromised in this research were autonomy and non-maleficence (avoiding harm). In addition, vulnerability, power differentials and 'splitting' are key features of the cultural milieu in which this research was undertaken. In this context, the term 'splitting' refers to one of the defence mechanisms originally identified by Freud. The use of a range of defence mechanisms to protect ourselves from feeling threatened is common. In the case of 'splitting', feelings and/or qualities we find hard to acknowledge in ourselves are unconsciously split off and attributed to others. For example, in the cultural milieu of the mental health services, staff may defend themselves from the fear of developing a mental illness by projecting uncomfortable personal qualities, such as incompetence and fragility, on to service users. This phenomenon, which has the potential to exacerbate existing power imbalances, is clearly described in the seminal work of Goffman (1961) and, more recently, by commentators such as Rush (2008). The power imbalances inherent in the teacher-student and nurse-patient relationship exacerbated the risk of participants feeling pressurised to take part. Mindful of this, central to the design of this research project was the principle that all participants had the choice to opt in (and subsequently out if they so wished) and that they were provided with sufficient clear information as a basis for valid consent to participation.

The balance between the risks and benefits to research group participants were considered. Whilst most of the risks have been addressed above, the potential benefits have been given relatively little attention. As open and respectful collaboration are critical to the process of recovery, this research had the potential to have emancipatory and therapeutic components for its service user participants. In relation to student nurses, engaging in this research had the potential to enhance learning and skills, along with providing a good fit with the principles they are asked to espouse in theory but sometimes experience as lacking in practice (Tee et al 2007). Giving mental health service users more of a voice, along with the adoption of a more collaborative approach, has the potential to create cultural change over time. Although this change could have been experienced as threatening by some, with support and careful management, it was a reasonable aspiration that both those who work and those who use the mental health services could benefit.

Ward et al (2010) warned persuasively against the 'empty ritual of participation' whereby there is a gap between the rhetoric and the reality of service user involvement. This perspective is relevant to the ethical underpinnings of my research. Many papers support the position that service user involvement at every level is unconditionally positive and a moral imperative. However, recently increasing emphasis has been placed on involvement that makes a difference to the quality of user experience and makes good use of their energies is emerging. It seems there has been a subtle shift from the deontological stance that user involvement is 'absolutely the right thing to do and therefore get on and do it' to a more utilitarian viewpoint – 'do it when it makes a difference'. This is an important additional ethical consideration.

Most of these principles, except the last which was recognised only after the research was started, were outlined in the submission to the Ethics Committee (see appendix 2). The way in which they were 'operationalised' is outlined in the methods section of this

chapter and the complications discovered (relating to the ethics submission and the iterative nature of action research) are discussed in the Findings Chapter.

In addition to ensuring good congruence with the epistemological and methodological stance taken, it was crucial to learn from the work of other researchers when deciding upon the research approach to be used. Therefore there is a section in the literature review which draws upon the helpful stance of other researchers.

3.2.3. An introductory overview

This participatory action research (PAR) project has spanned a two-year period and entailed five spirals in total. Figure 2. illustrates the research journey.

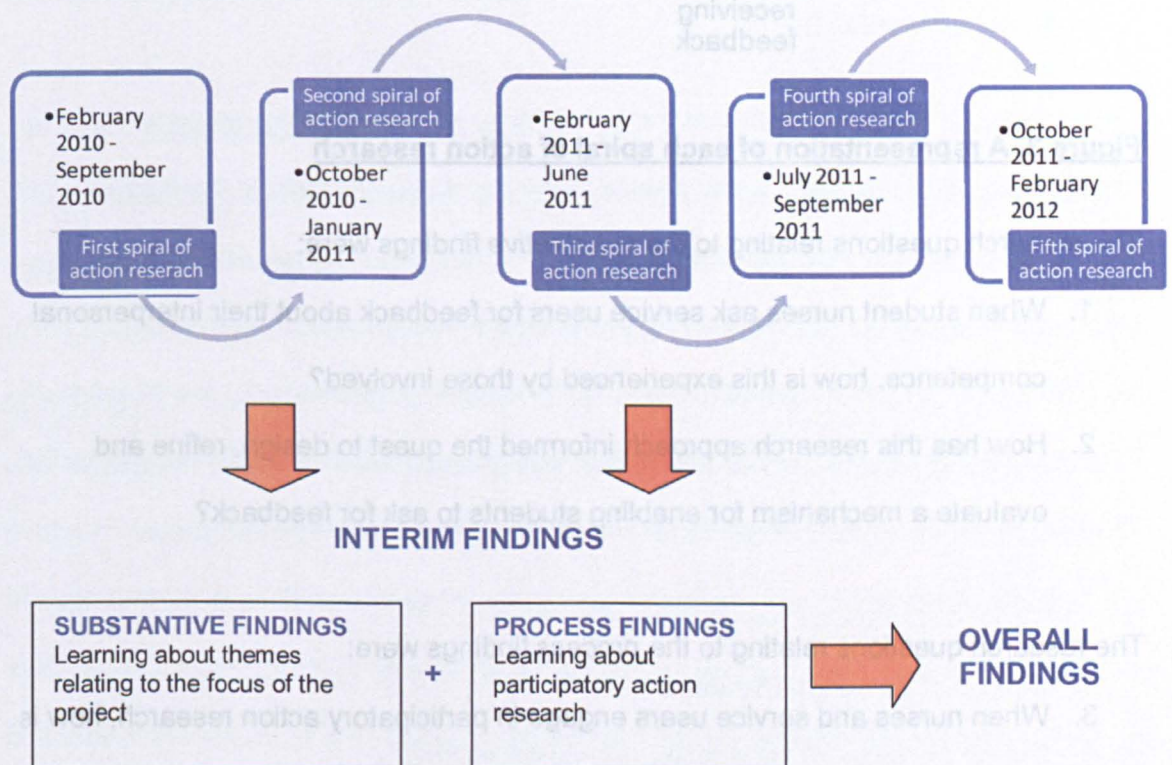


Figure 2. The research journey

The participatory action research group (PARG) was made up of stakeholders consisting of volunteer service users, recently registered ex-students, lecturers in

mental health nursing and mentors. These stakeholders worked collaboratively to advise the lead researcher (myself) on the planning, implementation and evaluation of a system for enabling service users to give feedback to student mental health nurses about their interpersonal competence. The PARG met once during every spiral of action research.

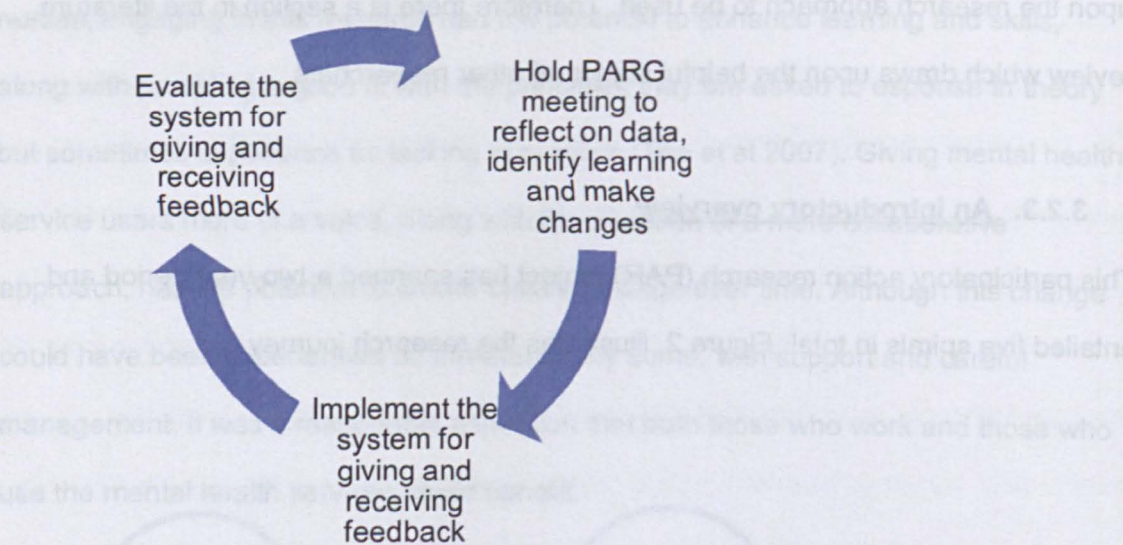


Figure 3. A representation of each spiral of action research

The research questions relating to the *substantive* findings were:

1. When student nurses ask service users for feedback about their interpersonal competence, how is this experienced by those involved?
2. How has this research approach informed the quest to design, refine and evaluate a mechanism for enabling students to ask for feedback?

The research questions relating to the *process* findings were:

3. When nurses and service users engage in participatory action research, how is this experienced by those involved?

And the research question requiring the synthesis of both substantive and process findings was:

4. What is the impact of this initiative from an educational, a nursing practice and a research perspective?

3.3. METHODS

The primary source of data collected was narrative in nature, arising from planned conversations. These conversations were derived either from

- PARG meetings or
- Individual and group interviews held with grassroots participants.

All were recorded, either by audiotaping (most commonly) or by summarising in note form (least commonly). The latter approach was taken with grassroots service user participants after the PARG advised that the presence of a tape recorder could be perceived as unnecessarily threatening for grassroots service user participants. Data were generated from the transcripts (if taped) or notes of these conversations. In addition, students used a simple reflective tool, designed by the PARG, to record their learning (see appendix 3).

These methods remained constant throughout the research journey. However, true to the spirit of action research, minor details of the approach changed in the light of experience. Thus the exact approach adopted in the first spiral was different to that taken in third spiral and different again to that of the last spiral. For example, audiotapes were initially typed verbatim. As the research progressed, I learned that, in the interests of expediency, it was acceptable to omit material which did not add to the meaning of what was said (such as 'Er', 'do you know what I mean?' etc.)

Heron (1996) articulated a five phase cycle:

1. Bring together the participants
2. Define the focus of the enquiry and agree actions
3. Apply agreed actions and observe and record outcomes
4. The group experiences the consequences
5. The group learns from experience and disseminates its findings

This provides a useful springboard for an explanation of the methods, which are now described. Phases 3, 4 & 5 have been amalgamated under the heading 'The PARG: actions, consequences and learning'.

3.3.1. Bringing together the participants

An initial reconnaissance study was undertaken prior to the commencement of the first action research spiral. This was important because, although the proposed approach had been justified and approved, its feasibility needed to be ascertained. For example, if there had been little interest in participation amongst stakeholders, plans for the overall project would have needed to be revised accordingly. The initial study entailed seeking and obtaining Ethical Committee permission, contacting potential stakeholders, organising and facilitating the first meeting of the PARG and establishing whether there was sufficient level of interest to proceed.

3.3.2. Ethical Committee permission

The principle of respect for autonomy is complicated in this context. Whilst there is a duty to protect vulnerable research populations, invoking the concept of mental illness is insufficient to justify paternalism and there is also a need to avoid unnecessarily paternalistic measures which could lead to exclusion and undermine autonomy unnecessarily (Roberts 2004). Although mental illness can affect capacity, there is also evidence to support a poor link between psychopathology and the ability to engage in the consent process (Tee and Lathlean 2004). As service user participants were involved in this project over time, even if they were assessed as having the capacity to consent at the outset, it is possible that their capacity would fluctuate thereafter. A formal, *ad hoc* reassessment of capacity mid-project could lead to a sense of rejection and a loss of trust (Tee and Lathlean 2004). Therefore an ongoing awareness of vulnerability and sensitivity to service users' levels of distress (on the part of mentors, students and myself) was adopted as a more measured protective approach to this potential problem. In other words, assisted by considerable experience as a mental

health practitioner, if I had any reason to suspect that an individual service user lacked the cognitive ability to give valid consent, or had been coerced in any way, then the research objectives would have been suspended in a gentle and non-abrupt manner. The opportunity to debrief would have been offered. Stickley et al (2010) describe using this approach successfully. This 'behind the scenes' support was important as a protective factor against inadvertent maleficence as a result of distress caused by disclosure or trauma, for example. Because the underlying tenet of this project is 'research with' rather than 'research on' the participants, engagement with and consequent knowledge of the participants was necessary.

In summary, no service users who opted in were excluded from the study, although a flexible, service user-centred approach to the timing and nature of research activity was taken. Although these plans were made prior to the recruitment of participants, the above approach to an engaged and informal assessment of capacity was vindicated. In practice, when meeting with small groups of potential service user participants, it became clear over the course of the meeting that all those present had gathered a broad appreciation of the intended research process and the attendant ethical issues. It transpired that service user participants in the action research group self regulated their involvement, temporarily suspending engagement in research if they did not feel up to it.

It was important to note that students too are vulnerable (Stickley et al 2010/11) and the same principles and safeguards outlined in relation to service users applied equally to this participant group. In the light of the marked power differential between lecturer and current students, I invited students who had completed their training recently to participate in the action research group. The rationale for this was that, whilst they were likely to have retained a sense of student issues, they may have less of an obligation to me than current students. Two student cohorts were eligible to volunteer to try out the mechanism designed by the participatory action research group. It was important that

they too were offered opportunities to debrief and for support, through student support groups and individual supervision with mentors and lecturers.

Ethical permission was granted following submission of a detailed application and a meeting with the committee (see appendix 4 for the letter granting approval). Although ethical principles were adhered to throughout, an unanticipated challenge was experienced as, from time to time, the unfurling of action research spirals meant that the mechanisms by which the principles would be adopted had to be adapted in the light of unexpected changes in circumstances. For example, I originally set out to personally present information relating to the project to potential service user volunteers at the beginning of each placement. I believed this would make an important contribution towards safeguarding valid consent. We quickly discovered that such information is better provided by students and mentors, for a variety of reasons. The original undertaking proved overly cautious, impractical and failed to capitalise on the benefits of students publically supporting the project. This issue is discussed in the Findings Chapter.

3.3.3. Contacting potential stakeholders

The senior managers of potential stakeholders (ex-students, mentors and lecturers) were informed as a matter of courtesy. Potential participants were sent a letter (see Appendix 5 for an example) with information about the project, so that they were fully apprised of the study and what participation would entail. According to the principles outlined by Tee and Lathlean (2004), recipients were also reassured that there would be no repercussions if they did not opt in, that they would not be approached again and that they had the right to withdraw from the project at any time without any adverse consequences. Potential benefits to participants were also mentioned. Additional inclusion criteria for these participants required that they could commit to the research for its duration.

Potential service user participants were afforded extra protection in that introductory meetings were set up with the existing local HEI service user group (a routine meeting involving academic staff and three mental health service users who meet regularly to further service user involvement in higher education) and, thereafter, the MIND service user group. I hoped that a friendly introduction, which was not individually targeted, would improve the freedom with which any decision about opting in was made. At both these meetings the aims of the research were explained clearly and this verbal information was supplemented with a letter, also written in plain English. As I would not normally have access to the latter service user group, the Chair of the local MIND service user group was approached by email initially. When this contact was reciprocated, it was followed up by an explanatory telephone conversation, supplemented by an electronic sample of the written invitation to be extended to service users, for his perusal.

Following this initial approach, I was invited to the next monthly meeting of the committee in order to discuss the aims and details of the proposed project in person, answer questions and distribute invitations. Potential service user participants were also asked to commit in principle to the research for its duration. It was explained that once maximum group capacity had been reached, a reserve list would be drawn up in case people dropped out. Potential participants were encouraged to make contact at some point after the meetings if they were interested. In this way, service users had time to consider and discuss their decision, thereby reducing the risk of coercion. However, this process did not go according to plan as the Chair of the service user group suggested an alternative (and equally legitimate) strategy for recruitment whereby the service user group would decide from the volunteers coming forward who they would like to represent them. In this way I was presented with the first of many tactical dilemmas. Although at first glance the issue may seem trivial, this situation was steeped in ethical issues relating to power and the way in which it was handled was particularly salient as it was the first such challenge. I have provided more detail about

this dynamic and how I reacted to it in appendix 6 - an excerpt from my research journal.

Tee et al (2007) provided a detailed account of the processes adopted (rather than the outcomes achieved) by their participatory action research project. This proved a useful guide for the methods adopted.

3.3.4. Defining the focus of the enquiry and agreeing actions

Koch and Kralik (2006) recommended holding the participatory action research group in a neutral venue. The PARG meetings were held at the local MIND Centre. Although this was not entirely neutral, as it was a place where service users met for other reasons, it was considered to be less potentially engendering of power differentials than either of the two alternatives, a hospital or educational setting. A flip chart was used to capture the ground rules negotiated to establish trust (see appendix 7) and one of the participants volunteered to record these, thereby increasing participants' collective ownership of the group. It was recognised that these could be added to during the life of the group. The group met for one hour on this first occasion, as the focus lay with creation of a safe environment in which to negotiate working details and to agree ground rules. McAndrew and Samociuk (2003) recommended the development of a 'job description' prior to the recruitment of participants, to facilitate participants' self-assessment of their willingness and ability to undertake the role. For this reason we talked through written information about the role, activity and makeup of the group together, prior to the distribution of consent forms for signing.

Tee et al (2007) warned of the considerable sensitivity, perseverance and diligence needed at the setting up stage. As anticipated, the forming phase required significant facilitation, including summarising, paraphrasing and encouragement of all participants

to contribute. Skill was needed to balance valuing contributions with the maintenance of focus.

3.3.5. Adopting a Reflexive Approach

Levin (2003) highlighted the possibility that the researcher can hold too much power in participatory research and may be seen as a member of the academic intelligentsia – a scholarly authority with different motives for doing the research, with the attendant risk that participants may feel betrayed, exploited and abandoned (Hambridge 2000).

Another linked drawback was the potential for dominance of the group by one or more members, leading to feigned agreement with the most influential members of the group (Happell 2007). According to Koch and Kralik (2006), there is a danger that researchers may misappropriate their own view of empowerment by leading participants in a certain direction. Ironically this is potentially disempowering. They recommended the use of active listening, the tolerance of silence and the use of open questions. Fortunately, this guidance was relatively straightforward for me to implement as an experienced mental health nurse and counsellor. However, as Koch and Kralik (2006) went on to suggest, there is a need for self awareness and vigilance on the part of the researcher. Therefore the immediate recording of contemporaneous field notes (including descriptive data, impressions, body language, affect, reflection on what went well, what could have happened differently, prompts and questions used) was helpful. The field notes formed the basis of the first of regular reflexive supervision sessions which were arranged for the duration of the project in order to enhance my own self awareness and scrutinise my own motives and conduct. My local reflexive supervisor was a psychotherapist specialising in systemic and group approaches.

Learning from the experience of involving service users in the education of mental health professionals in Australia, Meehan and Glover (2006) cautioned academics to continuously examine their own behaviour and motives. An important aspect of method included capitalisation on the cyclical nature of action research through reflection. The

reflective journal is a useful tool by which the researcher may subject self to deliberate scrutiny (Hellowell 2006). A reflective journal was therefore maintained throughout the research. It provided an invaluable opportunity to learn from experience through the articulation of thoughts and feelings and the analysis of situations, thereby adding to the transparency relating to dilemmas encountered and decisions made. For example, the group rules encompassed some but not all of Herbert's principles (1996). Although I had mentioned the fact that this is a doctoral project and that all participants would be free to use any written material produced for the purpose of their own self development (this is one of Herbert's recommendations), I realised as I said this that I was not clear about what this would mean in practice. I was able to clarify this at the subsequent meeting.

Although the group agreed to the audio-taping of future meetings (in order to ensure that group discussion and decisions have been adhered to with integrity and to provide back up to field notes and reflexive supervision), this was not implemented at this first meeting as agreement had not yet been obtained.

3.3.6. Establishing the level of interest to proceed

The initial response in terms of potential participants was as follows;

- 3 ex-students (out of a maximum of 3)
- 1 lecturer (out of a maximum of 1)
- 7 mentors (out of a maximum of 20)
- 5 service users

In the hours leading up to the first meeting, I received eight phone calls or emails from people who had expressed interest in joining the group. Five were explaining that they were unable to attend (four mentors and an ex-student), two that they would be late (one mentor and a service user) and one person withdrew

completely, for personal reasons (a mentor). The mentors were either on leave or working a late shift, but the ex-student was unable to attend for personal reasons. Therefore, including those who came late, the first PARG was attended by:

- 1 lecturer (female)
- 2 mentors (1 male, 1 female)
- 5 service users (2 male, 3 female)
- 2 ex-students (female)
- Myself, as lead researcher

I stressed to those who were unable to attend that they will be most welcome at the next meeting. With the permission of the group secured, the notes of the meeting they missed and the agenda for the next meeting were forwarded to them. A face-to-face approach was considered, but on balance it was decided this would constitute a step too far in striving to achieve a balance between being welcoming and being coercive. Although the initial group of eleven seemed to work well in terms of allowing access to 'airspace' for all, achieving healthy diversity within the group and a fairly even balance of nurses and service users, some group members expressed concern that further depletion in numbers would affect the degree to which all the stakeholders were satisfactorily represented. The desire to be inclusive was tempered with an awareness that the addition of new faces at the 'forming' stage of the group could interfere with this important process. This issue was acknowledged during the group, the relative merits of potential meeting times were discussed and the group were told who might be joining the next group. PARG members attempted to ensure future arrangements could include those missing. However, missing the first meeting turned out to be an impediment to future involvement for most. After two further missed meetings, the decision was

made by the remaining group members to stop forwarding information in case it could be perceived as intrusive.

The aftermath of the setting up process proved anxiety provoking as the numbers of PARG participants quickly dwindled to a relatively stable number of people. The makeup of the group, as outlined below, remained static throughout the remaining spirals, with the exception of one service user who was unable to participate in the fourth and final spiral due to ill health.

- 1 mentor (female - also an ex-student, but not recently graduated)
- 4 service users (2 female, 2 male)
- Myself, as lead researcher

All the above were aged in their forties, fifties or sixties. Of the group of service users, one was not working for most of the research period, one was working part time in the public sector, one was working full time in the business sector and one was a retired professional. All except me were indigenous to the small, ethnically homogenous community in which the research was set.

3.3.7. The PARG : Actions, Consequences and Learning

After the initial 'setting up' meeting, each PARG meeting was two hours long and took place by negotiation, usually in the evening, from 6-8pm. Snacks and drinks were provided, in recognition of the time sacrifice made by participants at the end of the day and at a time when they might normally be having their evening meal.

After the initial PARG meeting in which ground rules and focus were agreed, two further meetings were held before any implementation of the first spiral. The principle agenda for these meetings was to enable the group to design a pilot mechanism for enabling students to ask for feedback. In the interests of maximising efficient use of time, I started the meeting by bringing and explaining my own pre-existing ideas (outlining which were influenced by others' research and which emanated from my own

experience). Thus the discussion was 'kick-started' and group tasks were rarely undertaken from scratch. Rudimentary examples of potential paperwork to support the embryonic mechanism were shared and subject to change in the light of group discussion. After the meetings, I produced documentation which attempted to faithfully reflect the changes agreed in the PARG. Thus the PARG members worked as advisors and consultants to me, as the lead researcher. The documentation produced over this early period was for use by grassroots participants (students, service users, and mentors). At subsequent PARGs, the paperwork generated was scrutinised and amended as the group saw fit. Examples of this documentation, 'Information for Students' and 'Information for Service Users' are provided in appendices 8 and 9 respectively.

3.3.8. The Spirals

After the initial 'set up' phase, one PARG meeting was held towards the end of each spiral of action research, making eight meetings in total. Each spiral lasted the length of a student term. In this way, students had the opportunity to try out the mechanism for getting feedback during their practice placement. The first spiral involved four (out of a possible four) volunteer students in their last term before qualification. The subsequent four spirals involved five (out of a possible five) students who tried out the system designed by the PARG over four successive terms.

One key early task for the group was to agree a tool to help students to get feedback from service users. The group decided to design a questionnaire. The way in which this questionnaire was devised was a typical example of the process outlined earlier. I brought to the second PARG meeting a list of the 'ingredients' of the therapeutic relationship which was derived from the literature and amalgamated the ideas of many commentators, both professional and service user. The group were invited to add to this list. Some important additions were negotiated, including the judicious use of touch as a therapeutic activity. The list was then transformed by the group from a variety of

ideas, articulated in the styles of the different authors, to a coherent list of positive statements, written in plain English. After the meeting I typed it up in the agreed format and brought it back to the third PARG meeting for approval. Some minor amendments were made and at that point it was ready for students to pilot during the first spiral of action research. Once student reaction to the questionnaire had been ascertained, this information was fed back to the PARG and some further changes were made to the wording of two questions that were ambiguous and one which was considered a little repetitive. Thus students using the questionnaire in the second spiral of action research used a modified version of the original (see appendix 10). By the fourth spiral, some students were suggesting that the questionnaire was too long and detailed for use with service users who they had not worked with extensively. This information was fed back to the PARG and a short version was collaboratively designed (see appendix 11) to provide students with a choice of questionnaire. This short version was piloted in the fifth and final spiral of action research.

3.3.9. Approaches to facilitation and participation

The following section turns attention away from *what* the PARG did to consider *how* they did it. The inclusion of individuals with different levels of personal and sociological power can be extremely problematic and the researcher needs to consider the challenges posed by differences in status, influence and facility with language, vocabulary etc. (Elsey and Lathlean 2006). Furthermore, Koch and Kralik (2006) advised that the concept of hegemony is relevant, adding that it is only through an awareness of the ways in which we contribute to our own oppression that we can begin an empowerment process. They viewed a non-hierarchical approach to the group as ideal, as this will increase participants' self esteem. This is important as seminal theorists such as Foucault (2001) and Goffman (1961) suggested that simply being a psychiatric patient is sufficient to disempower and provoke learned helplessness. Therefore a strength of the first group meeting was that this was brought up (initially by a service user) and from thence I was able to facilitate a more in depth conversation

about it. By openly acknowledging the issue we took a step towards our espoused goal of equality. We attempted to use inclusive language in our group rules, such as 'we will try and...'

In reality it was difficult to achieve true partnership when there was a lead researcher in the group who worked on issues alone between groups. In accordance with the advice of Koch and Kralik (2006), this can be militated against through the use of honesty. I ensured that I took responsibility for and was open about the decisions I made, rather than trying to deny the power that I had. Conversely, Barnes et al (2006) found that some people felt unable to challenge or criticise service users in the way they might counter professionals because they were afraid of saying 'the wrong thing'. Partnership working that pushes at the orthodox structures of power is acknowledged to be difficult and tensions will arise. Where this happens, they advised that the group tries to acknowledge the issues and find solutions. This is an example of a governance procedure in place to respond to the interpersonal dynamics of participation whilst retaining the integrity of the enquiry. Therefore I set out to facilitate conversations about process during group meetings (for example 'how did you feel the last meeting went?'). I also brought any problems back to the group rather than discussing them externally (except with my supervisor and I was open about this arrangement).

By the fourth spiral, I considered initiating an indepth discussion with my fellow PARG members about process. On reflection, I had acknowledged a number of doubts relating to process, for example relating to the balance between the lead researcher executive role and PARG member involvement. The rationale for this discussion was that it would capitalise on one of the strengths of action research, that is the ability to improve things in response to feedback, enabling teams to adapt over time, finding new and better ways of working in the light of insights gained. As the group welcomed the suggestion in principle, I set about looking for a tool that might help facilitate this. There were several options, with a number of authors offering criteria for judging the

quality and impact of user involvement. Consideration was initially given to the potential to use the eight indicators outlined by Barber et al (2010) as a yardstick against which to measure the quality of service user involvement in this project. Wright et al (2010) also offered guidelines to evaluate the quality and impact of user involvement in published papers. Their approach was suitable for the critical analysis of research methods. However, Morrow et al (2010) provided a model for measuring the quality of service user involvement in health research which emanated from philosophical and social theories of power and empowerment. The authors suggested that it could be used to help researchers and service users to interrogate and reflect upon their own research experience and relationships with each other. This questionnaire was therefore chosen and adopted (see appendix 12) as it had the advantage of amenability to lay use and a greater resonance with both the conceptual underpinnings and the associated methodology of this project. The outcome is reported in Chapter Four. In the light of the complex nature of the data informing this research, Figure 4 presents the various sources of data.

Key:

Purple = data informing both substantive findings and process.

Red = data informing substantive findings only

Blue = data informing process only

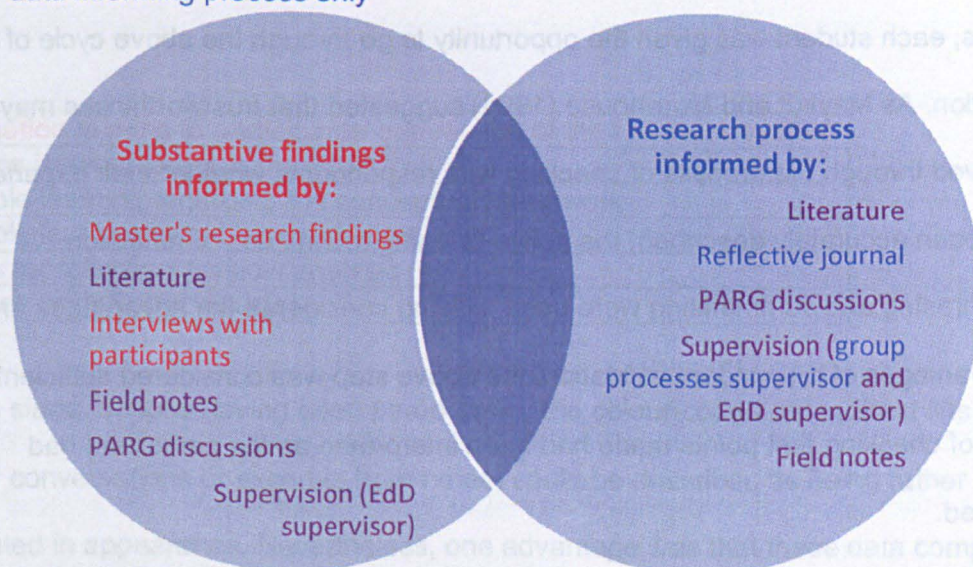


Figure 4 - Respective influences on both project focus and project process

3.3.10. Data derived from grassroots participants

Over the course of the five spirals, a total of nine students, six mentors and ten service users were 'surveyed' using a mixture of methods (individual or group interview, questionnaire and/or documentary evidence arising from students' portfolios). Where interviews were audiotaped, they were transcribed. Where notes of the interview were made, these were agreed with the interviewee before the interview was terminated.

Interviews were semi-structured in nature, enabling interviewees to discuss a range of issues they considered relevant. Each interview followed the same basic format in that it was structured using Borton's simple framework for reflection (1970).

- What?
- So what?
- Now what?

Each of the above three questions was supplemented by additional questions. I attempted to avoid ambiguous and leading questions, opting for open questions so that interviewees might be more spontaneous, thereby making a positive contribution to the authenticity and depth of the data collected. Where students were interviewed in groups, each student was given the opportunity to go through the above cycle of reflection. As Maykut and Morehouse (1994) suggested that trustworthiness may be improved through the process of checking with respondents whether their experiences have been accurately described, the active listening techniques of reflection, paraphrasing and summarising were used. Having considered the advantages and the disadvantages of respondent validation, the above step was considered sufficient in terms of checking that points made had been interpreted as the participant had intended.

Each interview lasted up to one hour and, where audiotaping occurred, the process of listening back to interviews when compiling the transcript was useful. This was

because it allowed me to reflect on my interviewing technique and improve over the course of the five spirals. The equipment available did not clearly record quietly spoken responses and so the use of active listening responses proved doubly useful.

3.3.11. Analysis of data

I achieved initial immersion in the data (derived from interview transcripts, interview notes and PARG meeting transcripts) through the completion of field notes and through reading and re-reading transcripts. The field notes were included as they brought depth and context to the transcripts. Thereafter I began to mull over ideas of how to analyse data. The next step involved making judgements about the relevance and significance of data, for example, deciding which phrases or excerpts best represented the wider point an interviewee was making. The process was repeated to ensure that no key issues had been missed. Key excerpts were copied and pasted into a separate document. Then a simple code was devised, in line with the work described by Koshy (2010), enabling the font colour to be changed according to the aspect of the project aim that the phrase or section potentially informed (see appendix 13 for an anonymised example). The code devised was as follows:

Information relating to participants' experience of the feedback system
Process issues related to the PARG
Possible learning regarding the conceptual framework
Possible learning about research methods
Issues for reflection / critical analysis
Discuss with Supervisor(s)

At this stage, despite having been pared down, the colour-coded data (direct lifts from longer conversations or excerpts from notes) could be described as being rather disjointed in appearance. Nevertheless, one advantage was that these data comprised original verbatim quotes. This, in the democratic philosophy of PAR, meant that the 'reduced' data retained authenticity. The clarity of meaning of some quotes was diminished when separated from the original context, although my own familiarity with

the context and tone was helpful. Even so, it was sometimes necessary to return to the original document (which was usually over 20 pages in length) to be reacquainted with the context. This process required long periods of uninterrupted concentration.

Aspects of this process were problematic. There were varying degrees of overlap and connection between the colour coded themes and so the process was complicated. For example, some quotes could potentially be coded red, green and blue. Where this was the case, the relevant phrase was turned red, but both green and blue asterisks were inserted.

After the coding, the issue of how and when decisions were made about categorisation and identifying themes often proved vexed. This subject recurred in my reflective journal and in supervisory conversations. Two main dilemmas arose. The first related to whether, in the interests of enhancing participation, I should be harnessing the input of the PARG group to assist with the *whole* process of data analysis. A number of authors suggested that this is worthwhile (e.g. Cotterell 2008; Cashman 2008 and Beresford 2010) and yet there are a number of legitimate, contextual counter arguments too. For example, the sheer amount of data produced would have been difficult for a group to handle and, when asked, PARG members said they would prefer me to undertake this part of the work, largely for pragmatic reasons. This issue is discussed in the Findings and Discussion Chapters. Secondly, I was concerned that, working alone, I might miss or misinterpret some important points. Much is made in research texts about the dangers of researchers working in the interpretive paradigm imposing on findings and making more of evidence that confirms their beliefs. For example, Coghlan (2007) describes the rigorous introspection needed to expose current thinking to 'alternative re-framing' (p. 297). I considered protecting against this by enlisting the assistance of a 'critical friend' to independently extract key data. However, on reflection, I saw the fact that I became intimately familiar with the data over time (through facilitating the original conversations, writing up contemporaneous

field notes, listening to audiotapes, making use of my reflective journal and supervision, typing up transcripts and lastly, coding data) as a strength rather than a weakness. On balance, in keeping with the *interpretive* paradigm, I concluded that some degree of *interpretation* was acceptable, provided I was transparent about this. In other words, I became more committed to the merits of reflective and open 'insidership', in the context of this research. I recognised that the recruitment of a relative outsider could be misguided, if motivated by the desire to achieve increased objectivity and better triangulation of data analysis. An emphasis on 'objectivity' and 'triangulation' is incongruent with the values and philosophy underpinning this research project. In the light of this and influenced by the thinking of Rolfe (2006b) and his assertion that it is antithetical to assume that peer checking and repeatability adds to trustworthiness, I did not seek the help of a critical friend.

Thus the tactical decision was collectively made to reduce the data by coding before analysis by the PARG. The next challenge was to consider whether coding alone constituted sufficient reduction. After one spiral, experience informed the answer to this question. Collective consideration of the data was enhanced by further reduction, prior to the PARG meeting, in the form of categorisation. In other words, I sorted key verbatim phrases or conversation excerpts into categories derived from the topics interviewees chose to explore. Examples included 'experiences of using the questionnaire', 'feelings about asking for feedback' and 'feelings about giving feedback'. I then provided a written summary of comments made, paying attention to the extent of diversity and convergence within the comments. Once the data had been split in this way, the summaries along with selected 'raw material' were presented in a user-friendly way to my fellow PARG members. Care was taken to preserve the original meaning despite this transformation.

Once the primary data emanating from grassroots participants had been considered by the PARG, secondary data were created which related to our collaborative

interpretation and decisions made. As a group we discussed the meaning of and insights arising from the reduced data, making decisions about how the next spiral should be refined in response to the insights arrived at. This interactive and cyclical process was characterised by successive periods of immersion, reflection, coding and categorisation.

Over the course of the five spirals, the cumulative data were collected, sometimes superseded and then subjected to further final analysis by myself before the findings were written up. This further analysis involved amassing the summarised findings of all primary and secondary data and classifying them as either relating to substantive findings or process findings. The revisiting of the original transcripts and field notes was important in order to re-establish complete familiarity with this data. This fourth step in the process correlates to Green et al's (2007) account of data analysis – the identification of themes.

I found the use of an adapted mind map useful. Mind mapping is a technique for diagrammatically organizing and simplifying complex information. It has a single, central starting point which is linked to a number of relevant components, branching out and dividing again and again. In this context, the mind map was termed 'adapted' as, although it adhered to the principle described above, its makeup was unconventional. It was composed of numerous small pieces of paper containing the categories already identified and key verbatim quotes. Spread over a wide area, this approach enabled data to be arranged and rearranged, with the project aims and subheadings from the literature review in the central hub. I also re-read my reflective journal and, to use a photographic analogy, allowed time for 'zooming in' and 'zooming out'. Over time, the key messages emanating as evidence from the data became clearer, phrases summarising key themes were devised and the data rearranged under these new headings. This simple thematic content analysis adopted enabled moving beyond the description involved in the categorisation phase of analysis and towards explanation,

interpretation and identifying significance. This necessitated a re-engagement with relevant theory and the original aims of the research. The hub of the mind map provided a useful reminder of these.

The tentative themes arrived at were presented for discussion during the last meeting of the PARG. Whilst this did not result in any themes being added or altered, the resultant discussion provided further material for reflection. Thus the PARG collectively analysed some data whilst I individually analysed other data. Whilst the whole process is impossible to represent, either here or in the appendices, due to its complexity, Figure 5 illustrates one example of the way in which codes were developed into categories and, in turn, into themes. The responsibility for written material was mine, although as it was produced with input from the stakeholders it was agreed it would be collectively owned. The pronoun ‘we’ has been used where relevant in this thesis, in order to signify the contribution made by PARG members.

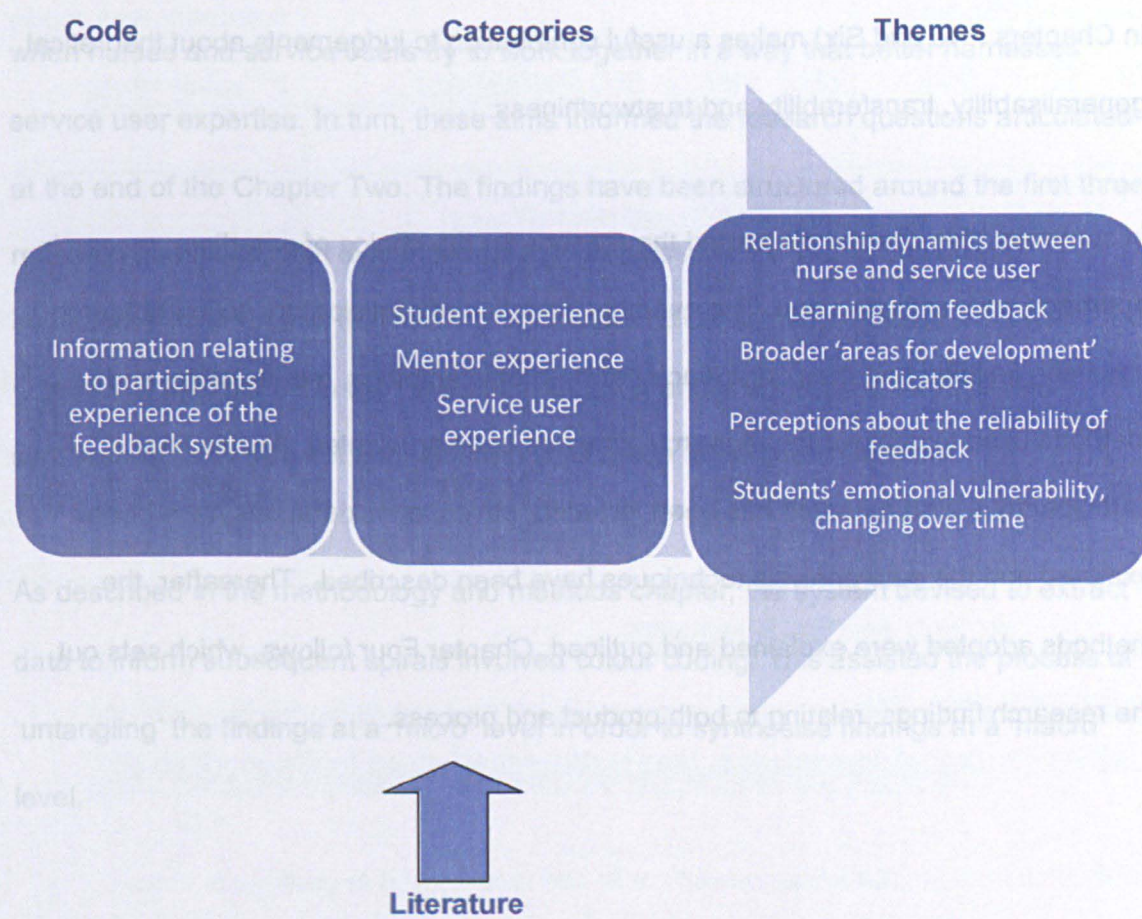


Figure 5. A representative of the data analysis process

As the appraisal of the extent to which findings have good transferability (Graneheim and Ludman 2004) and trustworthiness (Rolfe 2006b) lies with the reader, I have endeavoured to provide sufficient transparency about the process of the research. The research journal aimed to honestly articulate the twists and turns encountered, so it was hoped that trustworthiness would be promoted by an authentic rather than idealised account of events and decisions. Kemmis and McTaggart (2000) described participatory research as 'low tech' and acknowledged that participatory action research would not satisfy the criteria for excellence outlined by all research traditions. Instead, they suggested that participatory action researchers consciously trade methodological sophistication for transformation and immediate gains in face validity. Thus, there is less interest in generalisable phenomena and more in the impact of changes made in that particular context. Nevertheless, the contextual detail provided facilitates an audit trail of the extent to which there is resonance with others' situations. The discussion about the extent to which this research has 'made a difference' (found in Chapters Five and Six) makes a useful contribution to judgements about theoretical generalisability, transferability and trustworthiness.

In summary, this chapter discussed the reasons for the choice of paradigm, research approach and methods used. The eventual selection of participatory action research has been justified and the congruence between epistemology, methodology and methods used to achieve the research aims has been articulated. A critique of participatory action research has been included, ethical considerations have been explored and the data analysis techniques have been described. Thereafter, the methods adopted were explained and outlined. Chapter Four follows, which sets out the research findings, relating to both product and process.

4. CHAPTER FOUR - FINDINGS

4.1.1. Introduction

As the spirals of action research came to an end, the challenge was to capture the rich data arising. This was exacerbated by the fact that data relate to both the substantive findings of the research and to the research process itself. In other words, the research resulted in the creation of parallel data, pertaining to issues relating to the original focus of the project and to participatory action research. As explained in the Methodology Chapter, there was a degree of overlap in terms of the sources informing this parallel data (see figure 4 page 61). Both the substantive and the process findings are reported on in this chapter.

As outlined in Chapter One, there were three original objectives underpinning this thesis. These related to exploring the experiences of those involved in the feedback initiative and in the participatory action research, in order to investigate the implications when nurses and service users try to work together in a way that better harnesses service user expertise. In turn, these aims informed the research questions articulated at the end of the Chapter Two. The findings have been structured around the first three research questions, with evidence relating to Questions 1 and 2 constituting *substantive findings* and that relating to Question 3 constituting *process findings*. Question 4 is explored in the Discussion Chapter and is addressed through the synthesis of both types of findings, with links made to pertinent literature.

As described in the methodology and methods chapter, the system devised to extract data to inform subsequent spirals involved colour coding. This assisted the process of 'untangling' the findings at a 'micro' level in order to synthesise findings at a 'macro' level.

4.1.2. The Organisation of Data

The data presented in this chapter were derived from verbatim transcripts (or notes) of taped individual interviews and group discussions. This was combined with written data produced by students. Thus the findings are informed by:

- 5 hours of group discussions with participating students (1 hour on 5 occasions)
- Individual or group interviews with 10 participating service users and 4 mentors
- 7 group discussions between members of the participatory action research group (PARG) (14 hours in total)
- 'summary of learning from feedback' forms, completed by students

The origin of verbatim quotations is shown in Table 2.

Group / individual interview / written data contributors	Participatory Action Research Group contributors	Spiral of action research in which comment was made
S=Student (S1, S2, S3, S4 & S5)	SU [PARG] = Service User Researcher (SU1 [PARG], SU2 [PARG] etc.)	1 st spiral = i 2 nd spiral =ii etc
SU=Service User (SU1, SU2,SU3 etc)	M [PARG] = Mentor (M1 [PARG], M2 [PARG] etc.)	
M= Mentor (M1, M2 etc)	Ex S [PARG]=Ex-Student	
LR=Lead Researcher	LR [PARG] =Lead Researcher	

Table 2. Key to the sources of data

4.2. SUBSTANTIVE FINDINGS

QUESTION ONE: When student nurses ask service users for feedback about their interpersonal competence, how is this experienced by those involved?

Although all the students interviewed (n=9) had volunteered to participate in the research, within the first cohort surveyed (n=4) three asked for feedback from service

users and one did not (because of the nature of her placement). Of the three, one appeared to embrace the system and two were more tentative. This pattern was repeated in the second cohort (n=5), wherein two appeared more willing to ask for feedback than the remaining three. Students who had not tried the system (for obtaining feedback from service users) tended to express more ambivalence than those who had. The 'more willing' students were most likely to highlight the benefits of asking for feedback about interpersonal competence, although all the others showed interest during the group interviews, in that they contributed to discussion and ideas about how the system could be improved. Several key themes emerged relating to the reported experiences of those involved in giving and/or receiving feedback. These were:

- Relationship dynamics between nurse and service user
- Learning from feedback (both expected and unexpected)
- Broader 'areas for development' indicators
- Perceptions about the reliability of feedback
- Students' emotional vulnerability, changing over time

4.2.1. Relationship dynamics between nurse and service user

Several students discussed the beneficial changes in the dynamics of the nurse-service user relationship experienced by students engaging in this initiative. The majority of comments addressed their actual experience. Occasionally they expressed their expectation. Students in the first cohort (who were just completing their training) made comments such as:

"Service users are often just on the receiving end of decisions made and it adds to the therapeutic alliance to be involved in a process like this." S4i

“At first it was a bit awkward but on reflection I think it was really valuable...the conversations we were having were not conversations you would normally have with a service user in that context ... it’s empowering for service users to have a role in teaching and skill development ...it changed the dynamics” S2i

These particular comments encapsulate points made in different ways by a number of students and at various stages in the research. All students participating in group interviews appeared to acknowledge that asking service users for feedback was, in a small way, symbolic of a much greater cultural shift. To summarise, they saw asking for feedback as one behavioural manifestation of a broader change in attitude and values. They discussed the fact that they had been exhorted to develop collaborative ways of working with service users throughout their training. To them, this initiative added to their repertoire of collaborative approaches and provided a good ‘fit’ with values they had been taught. This philosophical enthusiasm was tempered by an acknowledgement that, for those who had tried it, working in this way took them out of their comfort zone. Whilst listening to their conversation, I considered whether the philosophical enthusiasm witnessed was genuine, or, in part at least, engendered by an eagerness to please me. This issue will be revisited later in the chapter. Most students made clear links between this new (for them) form of collaboration and their awareness that, in the past, service users had often not had much of a voice. Putting themselves in service users’ shoes, they envisaged that the exercise would be potentially therapeutic. Indeed, their observations of service user reaction were exclusively positive. For example:

“Afterwards, everyone was outside having a cigarette and...saying ‘it kind of gives us a lift to see how much we are helping you and how much we can help develop you and then you can help other people’”. S8 ii

“He was really pleased to do it (give feedback), for my learning he wanted to, and he could be honest I think” S9 iii

Service users interviewed (n=10) expressed similarly positive views on giving feedback to students. This service user summed up her perception of the benefits in terms of improving the therapeutic relationship and investing in improved quality of care through contributing to student development, empowerment and increased equality:

“I think that how nurses are with me is really important as I like nurses to be friendly and easy to approach. Some aren't approachable and this really matters. I think this feedback thing is a good idea because it helps give nurses insight and just doing the feedback helps you to build a better relationship and feel closer to the nurse. Also it is really nice because it made me feel important. It used to feel like ‘nurses against clients’ but things like this make it feel more level”. SU1ii

Her comments about the crucial importance of nurses' interpersonal skills were echoed by most other service users interviewed. The majority spontaneously stressed the link between good interpersonal skills and the development of trust. Trust was, in their view, an essential but often difficult to achieve component of the nurse-service user relationship. Some gave examples of behaviour they had witnessed in professionals in the past which they had found off-putting. The following comment from a service user highlighted a welcome sense of reciprocity inherent in the request for feedback:

“Giving feedback made me feel that I am giving something back, helping the students to learn people skills”. SU2 ii

Whilst a third service user echoed the comment made by S4 (p. 71), saying:

"I appreciate that you are bothering to ask our opinions – they were so often written off and never counted in the past" SU5 ii

The following service user's comment sums up the whole concept of relationship dynamic and cultural change:

"It is important that there is a degree of 'two-wayness' in my relationship with staff. When I see a psychiatrist I watch them analysing every word, but what I need is a bit of a sense of us being two human beings talking together – not just a 'professional' with a 'patient'. I have always been wary of people who think they are superior". SU8iii

In summary, most services users' comments pointed to their wish for more reciprocal relationships with professionals and their desire to be able to give to the service as well as take from it. Mentors interviewed (n=4) were similarly convergent with this viewpoint, identifying another strand to the perspective that this small step has wider potential repercussions. For example:

"It's good for service users because they have a sense of contributing to students' development and of being listened to. It's good for students as they show they are prepared to listen to service users, to become reflective practitioners, striving to get better by getting 360 ° feedback. This is a transferrable skill for other contexts. This should gradually be built in to everyday practice – wouldn't it be refreshing if we all did it!" M1ii

In summary, the idea that students required to listen to service users in one context might develop into qualified professionals able to do this in other contexts was articulated in different ways by some students and service users too. When students reached the 'now what?' stage of the reflective cycle used, the discussion usually

settled on the subject of how, in their view, the system for asking for feedback might be improved. However, the topic sometimes turned to their hopes for the future as registrants. When anticipating the therapeutic approaches that they would adopt, most students were able to identify personal learning relating to a concrete change in behaviour already adopted as a result of feedback (for example, ensuring every service user is warmly greeted at the beginning each working day). Learning at this level seemed relatively straightforward to them and there appeared to be little dissent between students. Learning at a deeper level, involving changes in relationship dynamics, appeared more vexed and student responses were less consistent. Some students acknowledged the intention to aspire to more equal, collaborative relationships with service users, giving examples of some changes in behaviour and attitude needed to achieve this. However, their conversations provided no evidence that they were already making such changes to their care-giving practice. Others expressed a sense that involvement in this project had shown them that this might be a struggle, largely due to the personal discomfort experienced when attempting greater reciprocity. This issue is returned to in section 4.2.5. Overall, the evidence points to the potential for feedback to enhance student learning and assist the development of better nursing practice, for some students more than others. In other words, the ability of feedback to 'make a difference' is inconsistent as it is dependent upon a number of variables.

The adoption of the recovery model undoubtedly has implications for mental health nurses in terms of a reappraisal of the nature of the therapeutic relationship. This theme recurred during students' group discussions and the following summary gives a flavour of the debate:

"I guess what is coming out of this conversation is that, as mental health nurses you need to learn how much it is OK to be yourself and how much you need to be a nurse. All of that is part of self awareness and requires a thoughtful and

reflective approach, thinking how you come across to other people. Obviously you are finding that this links to this project, in a small way.” LRv

4.2.2. Learning from expected and unexpected feedback

A second emergent theme was related to the potential usefulness of insights gained from feedback. Students who had used the designed system to gather feedback were unanimous that the process was useful to their learning in terms of confidence and the development of self-awareness and interpersonal skills. For example, one student learned about the importance of proactively greeting everyone when she arrived and another learned to be transparent about his reasons for looking at the clock. A third was urged to have more confidence in her abilities and this triangulated her own self-assessment. A fourth learned the importance of using patience and active listening skills to allow carers to vent their feelings. A fifth commented that the requirement to ask service users for feedback provided useful practice in asking difficult questions:

“I am quite shy, I don’t like asking difficult questions - this is quite difficult so it’s good practice. I learned that I can push people and they are not going to hate me for it!” S6v

Thus students provided many concrete examples of personal learning relating to aspects of interpersonal competence. Conversations about this learning invariably led to students suggesting that this particular form of feedback had left a deep impression and had resulted in subsequent behavioural change. For example, the student who learned, to her surprise, that greeting all service users at the beginning of a shift made an important difference to the quality of their day, made a point of doing so thereafter. She suggested that learning in this way had a greater personal impact than being told what to do by a lecturer or a mentor. Her comment was met with laughs of recognition from her peers in the group and revealed an important point. Students commonly

mentioned their perception that feedback from service users had added value due to its authenticity.

"It was a learning curve for me because we discussed ways I could improve which was beneficial because sometimes you don't realise how you are coming across to an individual person. Little things can make a difference" S2i

"(my feedback) surprised me. I think you know you have had a bit of an impact, but when they turn round and say just what a big deal it actually was...." S8iii

"It's really nice to have feedback from people on the other side of it, as well as staff. Probably even more useful...." S9ii

"they (service users) are the only ones who can tell us how we are with them... it's really nice to see the ticks – it gives you a confidence boost to know that you have made a difference to someone and treated them with respect and they felt listened to." S1i

The issue of authenticity was common amongst service users interviewed too. For example:

"You should be listening to us as we are the people who know" SU4ii

One service user suggested that there was good general agreement amongst service users about the popularity of nurses:

"One interesting thing, in my experience I would say that patients usually agree on which nurses they like and which they don't. Listening to each other talk

about how they feel about which nurse they have been allocated, they often say the same sort of things". SU2i

Furthermore, another service user suggested that, as an acute observer of interactions going on around him, he would be able to make valuable comments on students' interpersonal skills with others:

"I am good at sussing student's interactions with others – I could comment on that too". SU8iii

As the development of interpersonal skills entails the need for self-awareness, it was unsurprising that this issue became a regular feature of students' group interviews. By the last spiral, all students concluded that involvement in this project had contributed to their self awareness. For some, this experience had been useful yet uncomfortable. For example:

"It's only just beginning to dawn on me that I am not very self aware in some ways, and it's a bit worrying..." S5v

Most gained some insight into aspects of their fundamental psychological makeup relating to the development of resilience. For example, one student began to understand why she found positive feedback difficult:

"I am very negative in my inner world and positive in my outer world, so receiving a positive comment causes an objection in my inner self" S7v

However, this personal learning did not appear to lead to change. Rather, the realisation helped her to understand her feelings about and response to this initiative. In the time frame available to this project, it did not enable her to feel or act differently,

in respect to her attitude to learning from feedback. Another student recognised that she managed to cope with negative feedback because she had the good fortune to have developed good 'ego strength' and used cognitive strategies to suggest to herself that this feedback was about her work and not about her. This realisation enabled her to use this coping strategy to step out of her comfort zone in other contexts too. For example, she talked about feeling increasing confident in her ability to engage in positive risk taking.

Thus, although all students experienced an increase in aspects of their self-awareness, the extent to which this led to change varied. It was common that students interpreted their response to this initiative in terms of their own self-assessment of their temperament. One perceived her temperament to be fixed (i.e. "this is the way I am and this is the way I will stay!") but group conversations revealed evidence that the majority of students envisaged developing and changing over time.

All students who had asked for face-to-face feedback commented that they had learned something unexpected. In other words, the learning was not necessarily related to their prowess relating to interpersonal skills, or even to them personally, and yet it was useful. For example:

"There were some things that weren't necessarily about me but it was good to be aware of because they were quite common with other people. He said how much he picked up on morale and problems with the team. That was so interesting because I had assumed that wouldn't be the case so much. I'll be aware of that now..." S9ii

The evidence provided by students indicated that most service users deviated from their brief and chose to speak about other aspects of care that were important to them. Some students wondered whether the provision of global feedback was easier for

some service users than the provision of personal feedback. Interviews with service users did not provide overt support for this hypothesis. Whatever service users' reasons for this deviation, students found this 'unexpected' learning useful.

4.2.3. Broader 'areas for development' indicators

Provided students shared their feedback with mentors, some students thought this would assist mentors with their assessment decisions and with their role as facilitators of learning. For example:

"You come across people who have qualified and you see them with clients and you think how the hell are they qualified? If only a client could have been able to write something or say something. Someone might have stopped and thought actually – that student hasn't got to grips with... you know – it could help a mentor to feel confident in signing off a student" S1i

There were several examples of discussion within the student group interviews about the issue of sharing feedback with mentors. The envisaged benefits of service users giving feedback through the intermediary of the mentor were often championed, particularly by 'less willing' students, and yet no student chose this option. There was some inconsistency in the views of students about the role of the mentor. When discussing the findings of a Belgian paper (Debyser et al 2011) which advocated the use of a nurse as a 'go-between' in the student-service user feedback process, students expressed a unanimously adverse reaction. Their explanation for their response lay in their perception that the feedback process was private and rather intimate, that it would be embarrassing and unnecessarily exposing to have an audience. This student's comment sums up this sense:

"I would only really want to talk to my mentor if the feedback contained stuff that is not about me.....where there were implications for the wider team." S9v

Over five spirals of action research it became apparent that some students were more willing to engage in feedback conversations than others. Potential reasons for this are explored later. It appears from the data available that the degree to which students engaged in this project provided unintended learning about their psychological makeup and intrapersonal issues. This has the potential to be useful to them (and to those who are working to facilitate their development), in terms of terms of informing issues worthy of exploration in the pursuit of increased self awareness and resilience.

It is important to be clear from the outset that students reported mixed reactions to this project; on one hand most recognised the potential benefits for service users, students and mentors. They also acknowledged the good philosophical fit between this initiative and the vision for future recovery-orientated mental health services. On the other hand, it appears to have taken some out of their comfort zone, engendering feelings of uncertainty and, for some, vulnerability. In the final spiral, this student summed up her ambivalence:

"I suppose it was a head-heart split - you are torn, with part recognising the value but part being afraid". S5v

4.2.4. The reliability of feedback

In this context, 'the Hawthorne effect' refers to stakeholders' fears that student performance would transiently improve as a result of the knowledge that they would be asking for feedback later. Concerns about the Hawthorne effect emerged as an oft-quoted concern within the findings of my Master's research which preceded this study. (This sought to establish stakeholders' views about a hypothetical system for soliciting feedback). In reality, this concern appears not to have materialised. In group conversations, students did not acknowledge 'trying harder' with certain service users and then seeking them out to ensure positive feedback was obtained. Generally,

students demonstrated an increasing willingness, over time, to discuss their shortcomings in the group context. Thus, although it would be unwise to assume this phenomenon did not occur at all, there was no evidence of it. The service user's comment quoted below sums up the militated lack of concern expressed by participants:

"They (students) might alter their behaviour, but that would become less important as time went on and that learned behaviour became the norm. We would probably pick up if someone was being phoney as we are very sensitive to this". SU3ii

Some students envisaged that service users might not feel free to give balanced feedback. This comment, made by a student in advance of trying out the system for securing feedback was typical:

"I imagine myself in that position (of giving feedback) and I might feel bad about admitting something not so great. You hope you are getting a genuine picture but....." S4i

Those who sought feedback found that, with permission, service users were usually willing to give feedback that was both positive and negative. However, some students were still making similar comments at the end of the five research spirals, so this issue clearly remained a concern for them. One service user addressed the same issue, acknowledging the challenge:

"Although crap feedback is an option, it is difficult to say 'not nice things'. Still, we have to learn to stand up and say what we think – after all it is bottling things up in the first place that does the damage to your mental health!" SU5ii

Another service user was more definite:

"I wouldn't worry about giving negative feedback – there's no point in kissing their bum!" SU8iii

In fact, some students very quickly adapted the original feedback mechanism, which was (wrongly as it turned out) deliberately focused on strengths. Instead, they gave clear permission for the delivery of constructive feedback by stressing to service users that they actively wanted balanced feedback in order to learn. Most service users were able to give balanced feedback, although sometimes (as identified earlier) the negative feedback related to someone else or a past experience. Documentary evidence provided by completed questionnaires indicated that most feedback was positive. The minority of comments made referred to areas for development. Some service users did not record any negative feedback. There have been no examples of harshly delivered feedback. On balance, the findings provide some support for the idea that, although balanced feedback is given by most service users and has been experienced as useful by students, personal negative feedback is sometimes avoided. This evidence supports concerns that feedback might not always be entirely honest. This concern is combined with another (the following theme of students' emotional vulnerability), as shown in the following comment:

"I'm not good at receiving positive feedback. If someone tells me you did really well then I think "you are only saying that because I am sitting here". Some people accept it quite well - but not me". S7iii

4.2.5. Students' emotional vulnerability, changing over time

In the second cohort of students who volunteered to be part of this project, a pattern emerged over time whereby, despite having volunteered, some students (n=3) appeared to be more reluctant than others (n=2) to try out the feedback system

devised. At first, their explanations tended to revolve around practical impediments, but as the spirals of action research unrolled, some were able to articulate other, more intrapersonal factors which had contributed to their reluctance. Examples of such factors included difficulty in receiving compliments, fear of rejection and a reluctance to take as well as give.

“If it was me as a client and I was asked for more in-depth feedback, I would be like ‘I haven’t got time for this – I don’t want to’. For me as a student, I would see that as rejection and I don’t handle rejection very well. I just don’t think I feel alright sitting and digging out more information, just for my own benefit, with someone who may not want to do.... You know, ‘let’s talk about me!’ I think I’d find that quite uncomfortable and I’d keep wanting to turn it around”. S7iii

This reluctance to take as well as give relates to the same issue that some participants identified as one of the advantages of this project, namely cultural change. Thus ambivalence amongst students is revealed - ambivalence that is not mirrored by service users’ perspectives. It is possible that the more vulnerable students used defence mechanisms initially, such as ‘projection’. For example:

“Because of the nature of the client, they are very guarded and expect you to be guarded back. I don’t think they would be happy to do it – but then that’s just my opinion, I think they would be suspicious” S7iii

This comment was challenged by another student who countered:

“But they (service users) wanted to help us! Generally I think that people have been really pleased that they could do it ...” S9iii

This latter comment is echoed in interviews with service users. For example:

"I had no problem giving her feedback as I knew her quite well by then and we were relaxed. It was a chance to make our relationship feel more equal because I was helping her". SU8iii

It is important to note that, by the fourth spiral of research, all of the students had developed sufficient resilience and insight to 'take the plunge', having been given the opportunity to talk about their position and hear others' different perspectives. However, those who had initially felt less confident were more likely to opt for options for feedback which did not entail face-to-face contact. This sense of developing the ability to take intrapersonal risks as the course progresses was discussed by the more senior cohort, who were able to look back on their own developmental journeys retrospectively. For example:

"the whole journey through the course has given us an understanding about professional development and you learn about how positive it can be to get criticismyou can't reflect in depth if you only consider what went well" S4i

"Yes, plus we are always seeking self development, writing reflections..." S2i

In summary, service users were positive about their experience, without exception. Although some were more confident about their ability to give balanced feedback than others, those with less confidence saw the feedback option as an opportunity to work on wished for life skills. Despite sometimes self-confessed low self-esteem, all were certain that their feedback would have value. Mentors were similarly positive, seeing this as a constructive exercise with clear benefits for both student and service user and which put little extra work upon their shoulders. Students differed in that there was less consensus and more of a head-heart split for some. Whilst all subscribed to the theoretical benefits of asking for feedback, some experienced the initiative as

straightforwardly beneficial whilst others found it threatening and difficult. Over time, most of the latter group grew bolder and were willing to 'have a go'. Of this group, all but one eventually found the experience positive in terms of the development of their learning and self-confidence. All students felt they learned from the experience, even if it was at times difficult and uncomfortable. Overall, student experience of asking for feedback may be summed up as rewarding and challenging. The ratio of reward to challenge varied from student to student but all but one said that they would like to continue with the practice of asking for feedback, even after the project was complete. This is important as it suggests that the impact of this minor change has the potential to endure, resulting in long-lasting behavioural change for the majority of students.

QUESTION TWO: How has this research approach informed the quest to design, refine and evaluate a mechanism for enabling students to ask for feedback?

Several key themes emerged during the course of the action research spirals. These are:

- The advantages and disadvantages of face-to-face feedback
- The importance of balanced feedback
- The strengths and weaknesses of the feedback questionnaire (structure and depth)
- The role of the mentor
- The timing of the feedback
- The role of reflection

4.2.6. Advantages and disadvantages of face-to-face feedback

Service users favoured face-to-face feedback, without exception. There was a flavour in most responses that nurses and service users should be able to talk to each other about mildly challenging issues, and that there was virtue in being able to explain

comments made, give examples and add context and other feedback considered by the service user to be valuable. For example:

"I think giving feedback personally is preferable, rather than just ticking the questionnaire. Students should ideally be approachable enough to talk it through with them, and even if they weren't I would still like to do it face to face".

SU4ii

Several service users thought that any requirement to write written comments might put people off:

"Asking people to write stuff down would scare them off, but talking is alright."

SU8iv

Students had more mixed views. Those who had actually tried out the system articulated the value of face-to-face feedback whereas those who were most reluctant and had not yet tried the system out (see earlier section on emotional vulnerability) were more likely to recommend handing over the questionnaire to be completed in writing, or alternatively channelling the feedback through the conduit of a mentor. These student comments sum up the 'pro face-to-face camp':

"There is a lot of value in going through it with them (service users) because you probably get a lot deeper understanding of how they feel." S4i

"I guess then that when someone fills it in without you then you will never know what their interpretation was when they ticked it, whereas at least ...I knew what his interpretation was." S2i

Students largely agreed that the face-to-face option allowed them to thank service users for their feedback, to ask for examples and to reassure service users that they genuinely wanted balanced feedback. They found this enabled them to better manage the sometimes troublesome issue of how they could adapt to the cultural and relationship dynamic change demanded by this system for getting feedback. For those that were initially more reticent, it seems the tick-only approach represented a 'safer' stepping stone towards the face-to-face option. Therefore, although both written and face-to-face approaches have their place, most participants thought that the latter represents the optimum in terms of learning in its broadest sense. This said, the 'less willing' students' actions spoke louder than their words in that they consistently opted for the written option, even by the fifth spiral.

4.2.7. The importance of balanced feedback

Informed in part by literature, the first system for helping students to obtain feedback was deliberately strengths-focused. The rationale for this was that it might ameliorate impediments to success, namely student vulnerability. However, no students preferred this option and there was consensus that a more balanced approach was better. Thus, although the statements on the questionnaire remain positive in tone, students developed idiosyncratic ways over time of asking for exceptions. This student explains her particular approach:

"In a weird way, I found it more empowering doing it the second time round when I was asking for feedback on my weaknesses rather than just a load of compliments. (I found that really disempowering, I didn't like it. It made me feel really uncomfortable). So at the start I always said 'I want the good things and the bad things because it's going to help me develop, so don't hold back or anything'. I think you get your own way of doing it." S9ii

One mentor's comments back up the idea that students should be allowed creativity and flexibility in how they use feedback tools available:

'Mentors and students need confidence not to slavishly follow the form' M1i

4.2.8. The strengths and weaknesses of the feedback questionnaire

During the first cycle, the wording of some of the qualities on the questionnaire was discovered to be ambiguous. For example, one student deftly handled a situation whereby a service user drew sexual connotations from the phrase 'this student was interested in me'. The PARG was charged with the task of amending this and another phrase into a more concrete format. Nevertheless, even by the fourth cycle service users were reporting that they found the statements on the 'long version' of the questionnaire open to interpretation. This was not particularly seen as a weakness, provided the student was there to explain and clarify, as part of the feedback conversation. It would have been a problem if the tick box option was selected, however.

As the project progressed, several students commented that the two-page, in-depth version of the questionnaire was a little too detailed and intimate to use with service users with whom the student had not worked closely. Therefore students agreed that a shortened version be introduced, for use with service users with whom only limited contact had been had:

'It may be better to have a 1st impressions kind of one....?' S8iii

Thus the PARG set to work on jointly creating a shortened version which was piloted during the fourth spiral of action research. This evaluated well. As hitherto mentioned, more reticent students were more able to use this version and, in essence, students viewed choice as an important ingredient of 'getting the system for feedback right'. At

one point during the second spiral of research, two students working in an acute inpatient setting piloted the dispensing of the feedback questionnaire altogether. This was as a result of the recommendations arising from a previous student group interview. Instead, a loosely constructed and informal 'feedback conversation' was initiated with selected service users. However, those who tried it did not find this option to be particularly successful. For example:

'Sometimes I found it quite hard to, sort of, steer the conversation because I didn't have the feedback sheet. So it was actually easier to steer it by having it.'

S9ii

By the fifth and final spiral, the students concluded that they would have liked a likert scale next to each of the qualities listed in the feedback questionnaire, instead of a straightforward tick box. They felt this might provide them with a simple additional mechanism for getting more balanced feedback. The inclusion of the words '*never*', '*sometimes*' and '*always*' was suggested. Unfortunately by this stage it was not possible to pilot this suggestion. Thus it remains untested.

4.2.9. The role of the mentor

Students used mentors to advise them on whom to approach for feedback. Students tended to consider the feedback received as private, unless it related to 'unexpected learning' which had relevance to the wider team. Despite the fact that the original aims of this research placed emphasis on the possibility that feedback from service users could help to inform assessment of competence, students tended not to share detailed feedback with their mentors. However, it appeared that some mentors noticed whether students were asking for feedback and drew conclusions. For example:

"YYYY did it (asked for feedback) with a patient's Mum who is notoriously difficult and often critical. Most of us find her very daunting. It turns out YYYY

had obviously been great with her though, she got loads of positive feedback. All credit to YYYY for being brave enough to ask her for feedback! It made me think about how YYYY had won her over – maybe we need to spend more time listening to her....” M4v

This mentor clearly knew the gist of the feedback and also placed value on the challenge the student had been prepared to take on and on possible learning for the rest of the team.

4.2.10. The timing of the feedback

Students were unanimous in their practice of asking for feedback towards the end of the placement. This was in part because their confidence in the setting had usually grown by then, partly because they had by then completed the summative requirements of the placement and partly because running out of time was often the catalyst for tackling something they had hitherto put off.

In order to process learning from the experience of asking for feedback, students found completion of their reflective statements helpful (once they had been re-worded by the PARG into a user-friendly version). For example, under the heading ‘What did I learn?’ one student wrote:

‘I have learnt that I don’t like listening to comments about myself. I have also learnt that I can be firm and/or forceful when required.’ S6iv

As part of the research design, students were interviewed as a group shortly after the experience of receiving feedback. What emerged was that this additional opportunity to share and discuss experiences had added value in terms of enhancing their learning. Thus we unintentionally discovered that this mechanism for giving and receiving

feedback could be improved by ensuring that group reflection is organised after each placement.

4.2.11. The role of reflection

Originally, the plan was to encourage students to produce a written reflection after each experience of seeking and receiving feedback. This was structured around Borton's (1970) framework and was deliberately brief (one page of A4 was provided for this purpose). Some students used this framework and others did not. The examples of written reflections produced revealed little evidence of in-depth learning. When asked, students admitted feeling irritated by the additional paperwork required of them, citing the fact that they already had to reflect in depth on a critical incident occurring in practice as part of their summative assessment of practice. Therefore the consensus was that this was "*a reflection too far!*" (S8iii). However, we unwittingly discovered a preferable alternative to written reflection. The reflective group conversations held after each practice placement were originally planned solely as a survey tool serving the research project. However, they proved to be an effective vehicle for in-depth exploration and shared learning, particularly as the project progressed and students were increasingly able to talk openly about difficult issues. It must be acknowledged here that this was a group of five students and therefore the use of reflective group conversations might not suit larger cohorts. Nevertheless, our finding was that the use of reflective group conversations was superior to the use of individual written reflections in terms of engendering self-awareness and shared learning.

In summary, the process of undertaking five spirals of action research (which allowed for amendment in the design and implementation of the feedback system) provided cumulative evidence from participants. This evidence related to their views on how the original design might be improved upon, in the light of their experience.

4.3. PROCESS FINDINGS

QUESTION THREE: When nurses and service users engage in participatory action research, how is this experienced by those involved?

4.3.1. Introduction

Findings relating to process have been informed by:

- my reflective journal
- supervision with both my EdD supervisors and my PARG supervisor
- Field notes relating to the PARGs
- questionnaires relating to individual experience of involvement in research (Morrow et al 2010) completed and discussed by PARG members at the end of the 4th spiral.
- PARG conversations (recorded and transcribed). Two PARGs 'frontloaded' the beginning of the first spiral of action research. Thereafter, one two-hour meeting was held towards the end of each spiral of action research. The primary purpose of this meeting was to collaboratively decide how findings should shape the next spiral. However, part of the focus was on how the group itself was performing. Illustrative excerpts have been quoted and, occasionally, conversations have been reproduced in order to illustrate an important dynamic.

Key themes arising from the data with respect to process were:

- Dilemmas about degrees of participation
- Sustaining the project over two years
- Pragmatism versus idealism
- Finding new ways of working
- The benefits of participation
- The iterative nature of participatory action research

4.3.2. Degrees of participation – the executive versus democratic continuum

The issue of how to judge whether my function as lead researcher achieved sufficient balance between the executive and the democratic, persisted throughout the project. I frequently considered the possibility that there was scope for more collaboration. These dilemmas occurred both at a 'macro' and a 'micro' level. For example, at a macro level I analysed the transcripts of interviews myself, drawing out key themes raised, ready for discussion and decision making within the PARG. However, I was troubled by the possibility that a collective analysis of the transcripts would have constituted a superior approach, resulting in less danger that, as an individual, I was imposing unduly on findings. This dilemma was heightened as I read examples of collaborative analysis in other researchers' papers (e.g. Cotterell 2008). The following quotes (presented chronologically) give a flavour of the 'journey' relating to this dilemma:

'The PARG has been very engaged at a practical level, but not with data analysis. Is this missing a trick? Might the key points extracted from interview transcripts have been different if they had helped me? By the same token, might they have felt overloaded by the associated necessity to increase the frequency of meetings? ... Instead of surmising, I should ask them and I realise that I haven't.' (Excerpt from reflective journal, i)

At a later date, the group were asked to comment on this issue. This excerpt from a PARG conversation sums up their response:

'I think the way it has been pitched has been good. It has put a lot of work on you, but it's made it easier for us to have the recapped information..... If I had more to do, it wouldn't happen, and at least this way it happens. So I think it has worked really quite well.' SU3 [PARG]iv

'Yes, I look forward to coming and I wouldn't if I had to do more. I don't think I would be sitting here.' M [PARG]iv

Thus the group suggested that there are important practical reasons why they would not have wanted to have contributed more to data analysis, although for one, a small increase in input would have been acceptable.

At a micro level (relating to individual dynamics), written data about the degree of participation have been extracted from entries in my reflective journal, from supervision notes and from PARG field notes. The following excerpts provide an insight:

'We explored my concerns that I might be taking too much of an expert stance within the group. We concluded that owning your expertise is different to privileging it. I will just be transparent about my contribution, likening my role to 'the managing director on a board of directors'. (Notes from PARG supervision, i)

'I need to ask my fellow participants for feedback about my performance as the facilitator of the group. It would indeed be ironic if I did not, given the focus of the research!' (Notes from PARG supervision, iii)

'I wish in retrospect that I had not made this suggestion so confidently. Although others did agree with me, I could have asked them first what they thought. Perhaps it smacked of an executive position (but on the other hand if I am to be a participant then I ought to be able to participate!). I find myself quite driven to get the decisions made and wonder, again in retrospect, whether I am sufficiently facilitative. (Excerpt from PARG field notes, iii)

The above deliberations indicate the important role of field notes, a reflective journal and supervision in assisting me as the lead researcher to be vigilant and reflexive

about dilemmas concerning the participation continuum in participatory action research. This comment summarises the views of PARG members expressed towards the end of the research process:

'We have all contributed, but it is led by you – it's your project' SU3 [PARG] iv

The tone and context in which this comment was made indicated that this was how this service user thought it **should** be, as well as how it actually was. Having resolved to facilitate regular conversations about participants' subjective experience of the previous group, the dominant theme of the first such conversation was the importance of the establishment of trust, enabling participation and debate. The following comments illustrate this sense:

'I thought I might put my foot in it when I said I didn't agree with you, but you didn't seem to mind so I did it again!' (laughter). SU1[PARG]i

'It's not at all like 'The Apprentice' where everybody says what they want to – and then all of a sudden 'YOU'RE FIRED!' No-one is going to fire us!'

SU5 [PARG]i

These comments demonstrate the importance to participants of establishing trust and freedom to speak freely. Whilst the group dynamics changed over time, with growing familiarity, the issue of power imbalance remained. I learned that it was important to remain watchful. The following statement illustrates my stance approximately half way through the project:

'I have become much more aware of power issues. As I am reasonably secure in my professional identity and performance, I am freed up to work in a largely understated and empowering way, seldom feeling the need to flex my muscles

or exert my authority (other than quietly). However, I realise that, just because this is how I see myself, it is not necessarily how others see me. In other words there may in fact be much more of a power differential between myself and others than I realise. (Excerpt from supervision notes, ii)

In the light of the potential influence of power relationships on participants' ability to be frank, I learned to observe actions as well as listen to words:

'I am becoming increasingly unsure whether the students feel able to be honest with me when they are interviewed. This is partly because there is some discrepancy between what they say to me and what they actually do. For example, they say they agree with the aims of this project but then they don't ask for feedback. I know this is all useful information though'. (Excerpt from supervision notes, iii)

In summary, these findings indicate that the issue of finding the right degree of participation in participatory action research is indeed complex and warrants ongoing vigilance. However, a 'good enough' balance may be arrived at through a combination of negotiation with participants and reflexive measures on the part of the lead researcher. For these reasons, the optimum balance is likely to be situation specific and peculiar to each individual project.

4.3.3. Sustaining the project

The original letter inviting potential participants warned that the project would last about 18 months and therefore that those interested would need to be able to make a relatively long-term commitment. This said, the number of people who signed up to the project (n=15) was greater than the number who turned up to the first meeting (n=11). By the third PARG meeting the number attending had dwindled to six and stayed reasonably constant thereafter. The loss of participants along the way was at times both alarming and perplexing, as the following reveal:

'A lot of people gave their apologies. On one hand it is good that they mostly let me know – on the other, I suspect that some of them are voting with their feet and I need to talk to my supervisor urgently about this. Should I try and recruit some more or accept a smaller group? (which may incur further losses as time goes on). (Excerpt from PARG field notes, i)

'A rather poor turnout, especially from nurse participants. Why? Is it overextension all round or have the original volunteers been unimpressed with the worth of the project? It seems that the service user participants have been the group best able to sustain their initial commitment. Again, why?' (Excerpt from PARG field notes, ii)

Some information was available about why people had left. One service user felt it was an important part of her recovery to disengage from 'all things mental health'. Another became ill. One mentor participant made it clear that, on discovering more, he did not approve of the methodology (insufficiently scientific) whilst another mentor moved to night duty and an ex-students' child care arrangements fell through. I discussed the possibility of canvassing those who had left without explanation with my PARG supervisor and my EdD supervisor. On balance, I decided not to follow them up for fear of this being perceived as pressurising behaviour, particularly in a small community. I learned that this issue is common in participatory research, which is embedded in real life and is therefore subject to the associated competing demands and life events. When this was retrospectively discussed with PARG members towards the end of the research, a consensus emerged that there were advantages to having a smaller group because it was easier to establish trust and openness and to make decisions. However, the lone mentor would have liked another peer and no ex-student participants stayed the course. For future reference, since it appears this depletion in numbers is common, it would be wise to start with a larger than ideal group.

Some group members wondered whether lack of payment could be a factor in the loss of service user participants. The following excerpt reveals mixed views about the importance of remuneration within the PARG:

I would like to be able to pay you – because it's a way of valuing your input and because tapping into someone's expertise for nothing is potentially exploitation isn't it?' LR [PARG]iv

'I think it would be nice to have funding, but from my point of view it's a way of putting something back. That's the reward.' SU3 [PARG]iv

'Well I thought I could gain something. Someone said to me it will look alright on your CV that you took part in a research project. You give me lifts home and you feed us, which is nice. Payment might mess up benefits too'. SU4 [PARG]iv

For those who remained, it appears not to have been an important issue as they perceived that there were other personal benefits to be gained. However, this does not shed light on the views of those who left the process early.

4.3.4. Pragmatism versus idealism

One key theme arising over and over again was the tensions created by the 'real life' context in which the research was conducted. Factors, such as the conduct of the many and varied participants, other competing demands and the inherently uncertain path of the research process were beyond my control. This was a challenge and led to frequent reflection about whether the quality of the research was being compromised by these variables. I was often uncertain whether I should intervene and attempt to resolve or ameliorate these variables, or whether to allow them unfurl naturally. For example, at one point I was concerned that only two out of five students had actually asked a service user for feedback. One possibility was that they had volunteered to join

the project to please me and that their subsequent inaction revealed this. Another concern was that, if only two students took part, the results would be poorer in detail. I noticed that my doubts often emanated from an awareness of common criticisms of qualitative research. My supervisor offered the following reassurance:

'That's the nature of AR or even just research. Students have other pressures and priorities – it is very unlikely to be because of anything you have done!!'

(Response from supervisor, iii)

As the project progressed, other reasons for students' inaction were discovered which, had I intervened, would have been lost. As a result of this phenomenon, the value of striking a balance between participation (my own) and standing back and 'noticing' became clear. I learned to tell myself 'it's all information'. Returning to the issue of what makes action research (as opposed to other approaches) robust, this was discussed in my PARG supervision and the following note provides some insight:

'We clarified that the group make up is not primarily about representativeness. Although that was an initial consideration, it is much more about working together in a different way. Can nurses, service users, lecturers and ex-students break free of the constraints of custom and practice?' (Excerpt from notes of PARG supervision, i)

The challenge of conducting insider research whilst also exposed to a high workload has resulted in personal learning about these competing demands might be managed without compromising either. These quotes illustrate some early learning about the genuine value of a reflective journal, in terms of facilitating coping strategies, solution-finding, and catharsis:

'I am learning that I need to strike when the iron is hot – I have ideas from time to time that feel significant and yet they quickly become elusive, lost even, if I

don't write them down there and then. I am learning what works for me.'

(Excerpt from reflective journal, i)

'I have just read my journal all the way through for the first time. I am already learning that progress seems to come in waves. This has the potential to be reassuring when I next face a blockage or impediment – knowing that, from experience, I will probably get through it. (Excerpt from reflective journal, ii)

'I have to acknowledge feeling worried and overextended at the moment - worried that project could be better if I had more time to read, time to think and time to prepare. A 'pull it out of a hat' approach simply will not wash at this level. I am sick of living like this! I need to talk to my boss' (Excerpt from reflective journal, iii)

Thus it must be acknowledged that action research is inherently 'messy', requiring the researcher to take a thoughtfully flexible approach. One such challenge relates to ethical decision making and the role of the Ethics Committee. Prior to the start of the project, a carefully considered raft of measures was negotiated with the local Ethics Committee in order to protect the wellbeing of participants. As the project progressed, it became apparent that new situations were presenting themselves which differed from those that had been envisaged at the outset. For example, I had originally planned to meet with service users who had expressed interest in giving students feedback, in order to ensure that they could give valid consent and sign a consent form. This proved unsustainable and 'sub-optimum' for a number of reasons and was replaced by an approach that was preferable. As time went on I became concerned that the precise circumstances in which permission had been granted by the Ethical Committee were no longer applicable. However, the ethical principles originally espoused were being adhered to. I asked myself whether it is reasonable to expect the Committee to trust that decisions made along the way would be ethical. However, to return to them to

check out every change would have fatally disrupted the research journey. With hindsight, there are implications for both action researchers and Ethics Committees here. Having established that a rigid adherence to ethical approaches made redundant by change could impede the viability of the whole project, this issue nevertheless remained 'thorny'. Yet I found it was still possible to take a more relaxed approach and yet still remain ethical, with sustained vigilance.

This theme (the need for action researchers to learn to thoughtfully adjust and apply important theoretical and ethical principles to the unpredictable reality of real life, over time) was reoccurring. This comment made by my PARG supervisor helped:

'xxxx talked about a quote he had recently heard in the context of some family therapy training he took part in. This was 'the classroom of concepts' and the 'playground of practice'. (Excerpt from notes of PARG supervision, i)

In summary, process findings indicate that one of the challenges facing the action researcher is that of finding a balance between working flexibly with uncontrollable variables whilst also maintaining important ideals. The evidence from this particular project supports the premise that the use of reflective tools is invaluable in assisting the researcher to confidently judge where that balance should be struck.

4.3.5. Finding new ways of working

'It is quite exciting actually – a clean slate with an unlikely group of people working together!' (Excerpt from reflective diary, i)

Despite the fact that working in the PARG was eagerly anticipated (as the above quote shows), some challenges presented themselves in terms of how to move beyond the conventional roles often adopted when mental health nurses and service users are together. This quote illustrates this:

'In the context of nursing, I have long been aware of an innate tendency in myself to nurture and rescue others. This can impede the development of resilience, mastery and an awareness of their personal contribution to their own disempowerment. I have worked hard to counter this tendency over the years. This has led me to wonder whether I need to be aware of the danger of this tendency emerging in other contexts (i.e. conducting this research). (Excerpt from supervision notes, iii)

When a service user said that she was 'not feeling well' in a PARG meeting, such a challenge presented itself. Rather than relapsing into 'nurse-patient mode' and allowing the research group to develop parallels with a therapy group, I briefly commiserated before congratulating her on her participation despite the circumstances and then moving on. This small example was a departure from the norm and required adjustment by all of us.

Equally, it became apparent that it was also important not to dispense completely with the awareness of group and interpersonal dynamics that a background in mental health nursing brings. Used selectively, this awareness proved useful, particularly with regard to the possibility of transference and counter-transference.

Two of the four service users in the PARG acknowledged (when asked) that a lack of self confidence led to a reluctance to voice their comments at times. The group negotiated optimum ways of working to maximise the chances of these two engaging in less self-censorship, with some success. Nonetheless, one in particular felt this was a profoundly limiting factor affecting her involvement. The following conversation illustrates this:

'I feel quite bad about what I contribute, that I don't contribute very much.' SU4

[PARG]v

'Do you? Would you like to contribute more?' LR [PARG]v

'Yes, I'm not sure if I could though. I think I'll say the wrong thing.' SU4

[PARG]v

'I have been to quite a lot of meetings with you and it is true you don't say much but what you say is worth listening to....' SU2 [PARG]v

'Well I've got more confidence now than when I started the group, and it's nice to be asked!' SU4 [PARG]v

Conversely, one service user felt that the fact that PARG members knew his background was an asset:

'On the whole I have felt able to do it (say what I think)....I suppose now I wonder why others aren't comfortable and I am. I think it might be because of what I have been through.....having been exposed by the things I have done and everyone knows my past - I don't need to pretend and I can just be.... I don't need to cover up – you know my antics!' SU3 [PARG]v

PARG supervision proved a useful tool in ensuring that, for my part at least, the dynamics within the PARG freed participants up to work in new ways. However, whilst this was achieved to some extent, there remained a legacy of past roles. At least one service user commented that, at times, my approach was over solicitous, saying:

'The only thing that I would add is that sometimes you worry about us a little bit too much... you needn't be so concerned about whether you are getting it right or not – it's fine' SU2 [PARG] iv

In summary, there are challenges in attempting to work in a different way within an action research group in which all participants are previously known to each other in a

particular context. For example, in this instance some participants appeared to feel 'type caste' and experienced a heightened sense of their 'master identity' (either as a service user or as a professional). Over time, with attention paid to the deliberate avoidance of stereotypical interactions, participants were freed up, to varying degrees, to move beyond these constraints. For example, SU1, who used to be an English teacher, was able to use this other aspect of his personal expertise to constructively criticise the grammar of materials produced by the group.

4.3.6. The benefits of participation

The first theme arising related to the added value of having stakeholders' input in the form of the PARG. The advantages were three-fold. Firstly, they related to their beneficial contribution to the task in hand (the design, evaluation and refinement of a feedback system). Secondly, they related to the underpinning philosophy of the research. Lastly, they were linked to the impact of participation on participants. These will be considered in turn. The following excerpt illustrates the advantages in terms of the resultant improvement in the quality of the design of the feedback system:

'This was (surprisingly, I am ashamed to admit) genuinely useful. I now realise that part of me was expecting to have my suggestions approved by the group.... really rather arrogant now I think about it. What actually happened is that they found 3 main 'areas for development' relating to in my draft work so far. These were

- 1. Not written in plain English (despite the fact that I had been warned about that in the literature)*
- 2. Needs substantial alteration to meet the needs of the acutely unwell*
- 3. The 'ingredients' questionnaire was too lengthy and overlapping, with the balance not being quite right between richness and simplicity'.*

(Excerpt from reflective journal, i)

The above example was one of many that could have been selected. In the light of the valuable input of PARG members, the experience of undertaking participatory action research clearly connected with the higher order aims of this project relating to the redistribution of power. There was a real sense of 'bottom up' change occurring. This was articulated from time to time but also evidenced by participants' enjoyment in working together in a new and different way:

'It took time to get into the swing, but after a while there was a real sense of constructive collaboration, of valuing everyone's comments and of good humoured and purposeful working together. When I listened back to the tape I was surprised by the amount of laughter and the atmosphere of purposeful enjoyment' (Excerpt from PARG field notes i)

This enjoyment was expressed by all the long term participants without exception. Participants' experiences were solicited in two ways. Regular conversations about group process contained within PARG meetings provided insight, and the group completion of the Morrow et al (2010) questionnaire also made an important contribution. There was a unanimous sense of shared values and goals. The following verbatim responses have been chosen as they add to insight about group members' views on this matter:

'I look forward to these meetings I really do, I'll miss them when it's over!'

M1 [PARG]iv

'It's great that we are given the opportunity to voice our opinions and our views. God knows it hasn't always been like that in our lives. I think this has worked really well, really well.' SU3 [PARG]iv

'I think that, if I had tried to do this by myself I could have devised a questionnaire and I would have had to make various decisions along the way, I STILL genuinely feel that you have stopped me from making quite a few

mistakes. I don't want this to sound wrong but in a way I didn't realise how influential and useful you really would be..... you have helped in so many ways. So I think it would be a much poorer piece of research without your input. I really mean that'. LR [PARG]iv

The PARG members who remained committed to the project throughout, expressed a unanimous sense that they had been involved in something worthwhile. Where exceptions arose, they tended to emanate from self-doubt, although confidence in the value of personal contributions appeared to increase over time for these particular service users. There are no data on the experience of participation for those who left the research project early on.

In summary, all long-term participants expressed the belief that participation in action research was an enjoyable, unifying and worthwhile experience, both on a personal level and with regards to added value for the research. Confidence in the effectiveness of individual contributions increased over time.

4.3.7. The iterative nature of participatory action research

The research journey lasted two years and has been characterised by unexpected highlights, obstacles and changes. Whilst this has presented a challenge, one of the clear advantages of action research (inherent in its spiral 'construction') has been experienced at first hand. The following excerpt is typical:

'I am not sure if we have got this balance quite right and so I will ask the group next time we meet. This reveals one of the advantages of action research – the fact that you do not have to get it perfectly right first time around. There is scope to learn from mistakes and to make improvements in the light of experience and feedback'. (Excerpt from reflective journal, i)

This undoubted benefit of action research was tempered with its inevitable corollary – that the project had to end sometime and yet it felt unfinished because of the spiral structure. This was our experience as elements emerging in the final spiral remained untested and unevaluated. As a group we experienced transient difficulty in resisting the temptation to opt for 'just one more spiral'. We managed to do so by acknowledging that, by definition, action research will always be unfinished.

The following observations, made by myself and my supervisor, sum up my experience of another potential benefit of this research approach. This is its usefulness in terms of aiding the development of a conceptual framework and original thought.

'I have begun to change my focus, seeing links between theories that I had not seen before and finding new relevance (and irrelevance). This has been both exciting and alarming too, as I have no idea where this morphing of ideas will lead and so feel more uncertain now than I did at the start'.

'Yes, at this early stage of your work take the time to follow up on these 'twists and turns' as you put it, because it is only in this way that you will develop innovative, new knowledge.' (Excerpt from supervision notes, i)

In summary, the benefits of the iterative process of action research have been realised in this project through the provision of opportunities to refine the research methods, follow new lines of enquiry and build new knowledge in a way that allows for measured creativity. Although a difficult process, a synthesis of the experiences of the participants of this project points to a sense that the benefits outweigh the challenges.

Overall, the findings relating to product presented in this chapter have indicated that service users volunteering to give feedback had an exclusively positive experience.

However, students' experience lay on a continuum. Those with a stronger sense of self

were more willing and able to ask for feedback than less confident students. The act of asking for feedback necessitated the development of a more reciprocal relationship with service users. The cultural adjustment to the role change required presented a challenge and tested students' self-awareness. Over time, all students achieved deep learning and, for some, this appeared transformative. The findings relating to product presented in this chapter have provided evidence of both strengths and challenges associated with participatory action research. A stable, smaller group of volunteer stakeholders (the PARG) quickly established itself after the first, larger group met. PARG members reported feeling able to work together in new ways that were largely experienced as productive and enjoyable. The reduced data presented at each meeting allowed the group to guide the evolution of the system enabling students to ask for feedback.

Chapter Five follows, in which the evidence presented is synthesised and discussed, making links with relevant literature in order that new learning may be distilled. The underpinning conceptual framework is explored and the impact of the research on participants is discussed. The implications for educational and research practice are identified and the extent to which research aims have been achieved is considered.

5. CHAPTER FIVE – DISCUSSION

5.1. INTRODUCTION

This chapter builds on, synthesises and discusses material derived from previous chapters, particularly the evidence outlined in the Findings Chapter. In this way my own voice is added to those of others and new insights and learning are identified. The purpose of this discussion is to revisit the aims of the research to consider the extent to which they have been achieved. The aims and research questions are summarised in Figure 6.

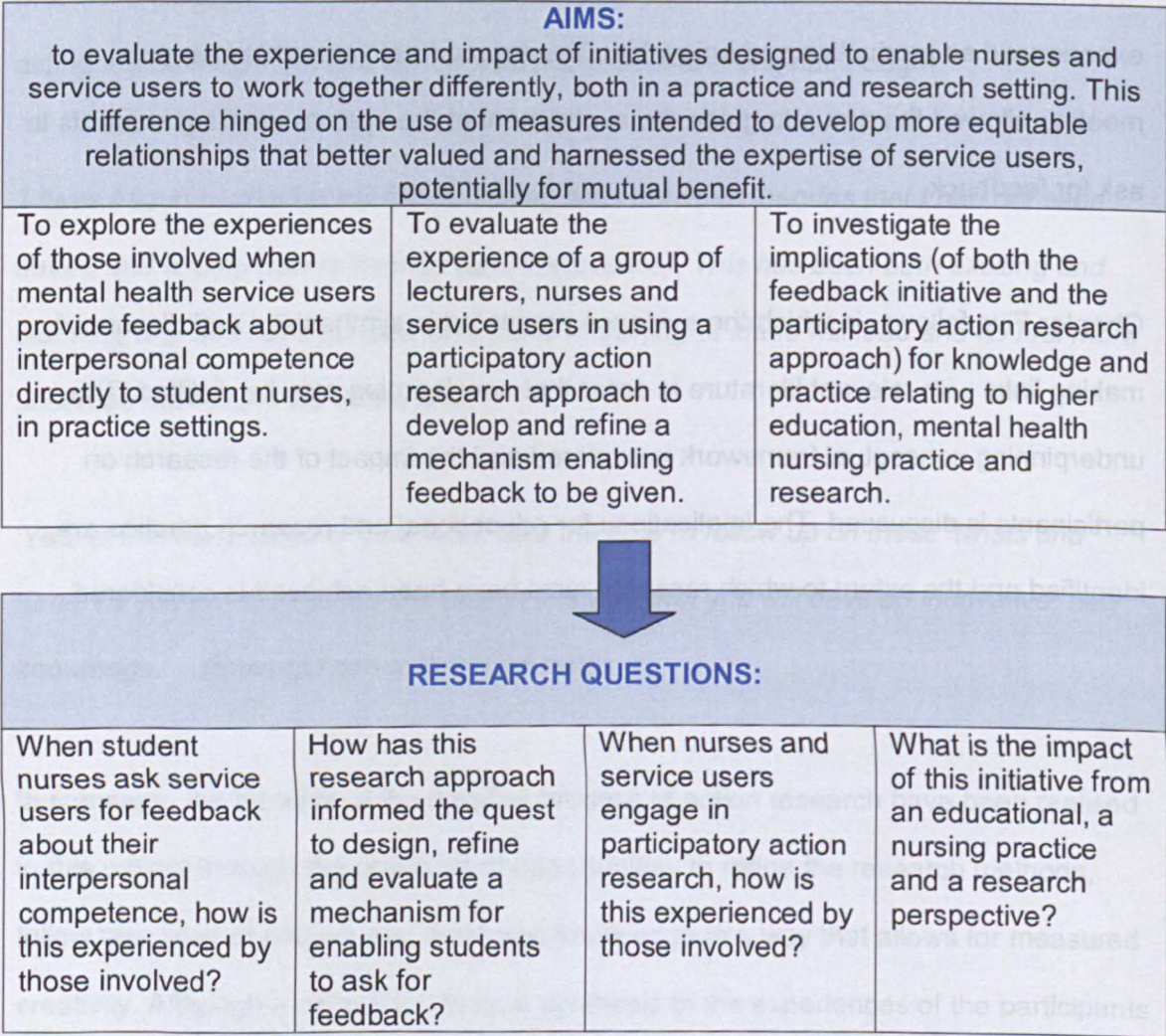


Figure 6. Project aims and research questions

Thus the chapter provides the opportunity to gauge the extent to which anticipated claims about bringing about change and improving an aspect of nurse education and practice through the use of participatory action research have been borne out.

Emphasis will be placed on the **impact** of findings on the three domains spanned by this research, as illustrated in Figure 7.

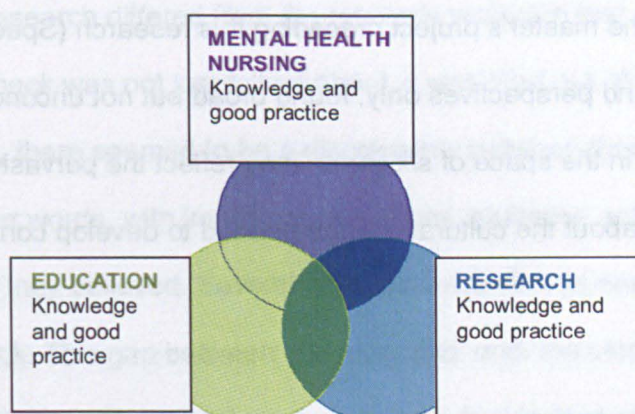


Figure 7. The three domains spanned by this research

Since the education of mental health nurses is inextricably linked to practice and to divide them risks reductionism, the discussion focuses first on the impact of this initiative from an educational and a mental health nursing practice perspective. Second, the research perspective is considered and the third section of this chapter addresses the extent to which research aims have been achieved.

5.2. THE IMPACT OF THIS INITIATIVE FROM AN EDUCATIONAL AND A MENTAL HEALTH NURSING PRACTICE PERSPECTIVE

5.2.1. Asking service users for feedback - the impact on students

All the students involved in this research indicated that they approved, **in principle**, of this initiative. They gave their unreserved support to the concept that asking for feedback from grassroots service users had philosophical merit. They said they thought it was 'the right thing to do' and that it was a way of 'practising what had been preached'. Thus it appears that students saw asking for feedback as one way in which the value base espoused by contemporary mental health nursing curricula could be

behaviourally enacted. Students' unconditional approval in principle was perhaps unsurprising as a search of contemporary literature revealed support for the idea of service user involvement is now socially, culturally and politically contingent (e.g. Ward et al 2010). However, the master's project preceding this research (Speers 2008), which explored views and perspectives only, found broad but not unconditional approval. This change, in the space of six years, may reflect the pervasive influence of widespread messages about the cultural change needed to develop contemporary mental health services.

To situate this evidence, the local mental health service has recently been reorganised and is aspiring to work in a more recovery-focused way. Support for this interpretation lies with the fact that, in their group discussions, students drew links between asking for feedback and their knowledge that cultural change is an important component of modernising mental health services. They recognised that they should be espousing values which relate to the recovery model. In practice they understood these would reveal themselves as a more collaborative and equal relationship between the nurse and the service user. Students clearly knew that they should be demonstrating a willingness to adopt a less directive, more 'humble' approach in their relationships with service users. They recognised that, in order to adopt the recovery model, they would need to be able to glean service users' own definitions and understandings of their hopes and needs. Students were able to make a connection between valuing service user expertise by asking for feedback and listening carefully to service user perspectives about other issues. To them, learning to ask for feedback was one example of the raft of collaborative skills they knew they needed to develop. Furthermore, they saw this as useful opportunity to practise asking difficult questions. Student support for this initiative, in principle, appeared genuine and persisted over the two-year duration of this project. It was also the case that there appears to have been a growing consensus between service users, mentors and students about the

philosophical underpinnings needed. Thus this relatively minor educational initiative turned out to have unforeseen and far-reaching connections with practice development.

This doctoral research differed from the master's project in that a mechanism for obtaining feedback was not just talked about, it was tried out. What emerged is that, for some students, there seemed to be a discrepancy between their thoughts, feelings and actions. In other words, with important exceptions, students' actions sometimes belied what they said they believed. Several students were slow to enact the mechanism for getting feedback. This gap between 'the story told' and 'the story lived' is echoed by many other authors and, particularly persuasively by Lloyd et al (2005). Equally, several students were quick to seek feedback and found the experience rewarding. This provided beneficial material for reflection and encouragement for others. At first, reluctant students tended to give practical explanations for their non-involvement. Sometimes they were missing from group reflective discussions and again, circumstantial reasons were often given. There was a flavour of the 'clever excuses' noted by Bassett et al (2005). Although this was 'all information', initially it was difficult to understand what the underlying issues were. Importantly, the action research approach enabled this observation to be explored over time.

When this 'voting with their feet' phenomenon was initially discussed in the PARG, we considered various potential reasons for it. Recalling the student vulnerability uncovered by Stickley et al (2010 and 2011), we wondered whether this might have been a factor. Also considered was the possibility that some students were saying what they thought their lecturer wanted to hear (in terms of their support for the value base threaded throughout the curriculum). Furthermore, the power imbalance between lecturer and student could have led to students feeling reluctant to risk displeasing me by overtly absenting themselves from an unwelcome project in the first place. I was also reminded of the 'do-know gap' (or epistemological dissonance) described by Ward et al (2010). Their paper was concerned with service user involvement in research and

they considered the reasons for the discrepancy between researchers' perceptions and their actual practice in this respect. Although the context of their qualitative research was different, there are clear parallels. They found that the underlying issues revealed by those interviewed were complex. Nevertheless, there was a sense that there remained a lack of recognition that service users' knowledge (emanating from experience) was as valid as researchers' knowledge (emanating from expertise). This resulted in 'boundary clashes' between researchers and service users. It was possible that the reluctant students were experiencing a similar sort of epistemological dissonance. We decided I would not to test out these hypotheses by asking students, for fear that this might have been experienced as confrontational or leading, thereby further compounding the power imbalance issues.

As the research spirals progressed, students began to shed light on this discrepancy. One reason put forward by students was that they felt fully occupied with the summative aspects of their practice placement, leaving little inclination to be involved in formative components. This issue was also highlighted in Stickley et al (2010). Unlike other research (e.g. Morgan and Sanggaran 1997), students expressed no reservations about service users' mental state skewing feedback and, although one student did encounter a minor problem with misinterpretation by a service user, this was easily put into context. Another reason put forward for some students' lack of action was that they felt the initial questionnaire devised was unsuited to some practice areas. This was because it was considered too detailed and 'intimate' for use in a setting which did not normally involve intense, one-to-one working. Again this was useful information as it enabled the PARG to improve the selection of tools available, as choice proved to be important to students.

However, whilst all of the above might have had some relevance, one other important reason eventually emerged unsolicited from dialogue with students. It appeared that reluctant students' behaviour was particularly affected by emotional factors. For these

students there was a 'head-heart battle', with the heart, initially at least, holding more sway than the head. This finding concurred with results reported by other researchers (e.g. Eraut 2006, Clynes and Raftery 2008, Masters and Forrest 2010, Stickley et al 2010 and Debyser et al 2011). This important information about the emotional impact of this initiative on students warrants further exploration. It appears that there are two separate phenomena contributing to some students' reluctance. The first is intrapersonal in nature and the second is cultural in context.

Despite some students having predominantly constructive experiences, findings showed that the vulnerability of others acted as an impediment to asking for feedback. The evidence from student self-disclosure is that those with greater pre-existing self-awareness and a relatively strong 'ego strength' were more likely to take the plunge than those with less self-confidence and/or more complex intrapersonal issues. Thus student response to the process of asking for feedback gave unexpected information about their makeup and thereafter their needs. Debyser et al (2011) noted this latter issue, coining the phrase 'complicating factors' to cover the interpersonal and intrapersonal factors that made asking for feedback difficult for some (lacking openness and self-awareness, for example).

Over time, all students were able to ask for feedback, in ways modified to suit their particular profiles. Whilst one reluctant student remained resolutely resistant to the process, others felt optimistic that, over time, they would become more favourably disposed. They were assisted by the development of a simpler feedback questionnaire which captured 'first impressions' and by the option to 'put their toe in the water' through non face -to- face feedback.

All recognised the cultural adjustment required to enable students to ask for rather than give help. The difficulty and the potential rewards experienced in the reversal of roles in which the 'helper' became the 'helped' echoed concepts explored by Rush (2008) and

Schneebeli et al (2010). This adjustment resulted in considerable discomfort for some students participating in this research. Rush found that students often perceived mental health service users as 'other' rather than 'ordinary' and were used to learning *about* them rather than *from* them when in practice. This mattered because it interfered with students' ability to learn from service users in practice. The philosophical underpinnings of this challenge have been framed in a refreshing way by Roberts (2010). Building on the ideas of others, Roberts described the 'microfascism' permeating the culture of mental health services (p.292). Through the everyday language, attitudes and gestures of staff, service users come to internalise the destructive idea that their existential possibilities are extremely limited. Custom and practice involves service users being invited to learn from staff, rather than the reverse. Roberts argued convincingly that mental health nurses need to eliminate these aspects of their practice and relinquish their problem-focused, self-limiting language. Taken together, these ideas contribute to consideration of why students might find the symbolic adjustment required to ask for feedback difficult. The findings of this study suggested that, although this posed a degree of challenge for every student, some overcame it more easily than others.

The hypothesis relating to cognitive dissonance appeared disproved as more evidence came to light. In contrast to Ward et al's (2010) findings which suggested that some professionals consider service user-generated knowledge to be of relatively little worth, students reported that the learning derived from service users differed both quantitatively and qualitatively from that acquired in other ways. This is important as it lends weight to the idea of the 'added value' provided by service user feedback, at a number of levels. This finding is similar to the line taken by Jordan and Court (2010) and Warne and McAndrew (2007), who hoped that knowledge gained from service users could come to be considered as a primary source. It also demonstrates that the reality can concur with the rhetoric and supports the epistemological argument put forward in Chapter Three - that knowledge derived from service users is undervalued. Furthermore, a significant other dimension is revealed which relates to the benefits of

putting greater emphasis on user involvement at a grassroots, service delivery level. This finding is reminiscent of the 'bottom up' argument put forward by Elstad and Eide (2009) and Thomas et al (2010), that effective involvement required a change in culture, starting with the need for a respectful relationship with the clinical team(s) that support service users.

Having focused on the emotional impact of this initiative on some students, it is important in the interests of balance to discuss the benefits experienced by most students. The majority of students reported that asking for feedback resulted in genuine learning relating to their interpersonal strengths (and, less commonly, weaknesses). Learning could be practical in emphasis (e.g. 'Don't keep looking at the clock, but if you have to, explain why!') or values-related (e.g. 'Your patience has really helped me'). Most students found that the process of asking for feedback resulted in the development of transferrable skills (e.g. 'I can now ask about difficult things more easily'). There was evidence (self-reported from students and from subsequent written coursework and practice reports) that the feedback resulted in long-lasting behavioural change. This finding concurs with those of O'Keefe (2001) and Tickle and Davidson (2008). This is important because it suggests that setting up a system that helps students to seek, receive and reflect on feedback from grassroots service users has the potential to improve nursing practice. This constitutes Tew's (2003) 'bottom line' - that service user involvement results in better care.

5.2.2. Asking service users for feedback - the broad implications for educationalists

When dealing with growth in self-awareness and interpersonal skills, there are some complications to consider if feedback is to be Rowntree's 'life blood of learning' (1987 p.27). It is of interest to educationalists to consider how students might best be helped to benefit from feedback from service users. A number of commentators (e.g. Morgan and Sangarran 1997; Townend et al 2008; Stickley et al 2010) cautioned that the

Careful management of the feedback process is absolutely crucial in order to avoid the potential for both parties to be disempowered. As no service users were excluded from this project and all had opted-in rather than been selected by students, there was little danger of students picking and choosing. However, with one exception (a student experiencing difficulty receiving compliments), reluctant students did not report feeling adversely affected by receiving feedback and there were none of the reported issues with feedback from 'difficult patients' reported by Black and Church (1998). Rather, the students worried in advance about it and the reality was relatively reassuring.

There is broad consensus in the literature that a safe environment needs to be created for feedback to result in learning (Masters and Forrest 2010; Stickley et al 2010; Debyser et al 2011). However, perceptions of what constituted a safe environment varied, with Debyser et al attempting to foster one through the presence of a third party during feedback conversations. Interestingly, when asked about this, the students rejected this concept out of hand, arguing that this would invade privacy and add to the sense of formality and the pressure experienced by both student and service user. Their stance on this issue was reminiscent of the words of Chapman (1999, p.133):

'Most interpersonal interactions in nursing occur between two people. To render such interactions observable, much less measurable, could be intrusive, unethical, inappropriate, impracticable, inhibiting, or any combination of these.'

Whilst Masters and Forrest (2010) found many students preferred informal 'How do you feel I am getting on?' conversations, the findings of this study indicated that students valued the structure lent to their feedback conversation by the use of a questionnaire.

In retrospect, and borrowing from solution-focused principles, it appears that the students at the outset were overprotected by creating a tool (later modified) that encouraged exclusively positive feedback. In line with the recommendations of Ager et

al (2004), all the students preferred balanced feedback. They saw this as more useful, authentic and less embarrassing. Koh (2008) suggested that feedback is best delivered as a dialogue rather than a one-way transmission. Although less willing students were attracted to the relative anonymity provided by receiving written rather than face-to-face feedback, all acknowledged the superiority of the conversational approach in terms of learning. Students placed great importance on 'finding their own way' to ask for feedback and were relieved when they were given the freedom to divert from the introductory script. They also valued the opportunity to share tips with each other. Most students recognised that, to create a safe environment, they needed to impress upon service users that they wanted to learn and, to this end, needed the help of feedback that alluded to 'warts and all'. They found the best way to convince service users of their genuine desire for balanced feedback was to use their own personal style.

In common with Koh (2008), students quickly developed their own way of asking for feedback which presented the exercise as an opportunity to learn, rather than a judgement about performance. Hints from students about how this might be worded were incorporated into later versions of *information for students*. As an educationalist, I found this response encouraging as it was an indication that students could accept certain principles and then apply those principles in a thoughtful and idiosyncratic way to achieve the hoped-for outcomes – a useful skill in mental health nursing. Without exception, the sense that they had managed to do something challenging added to their confidence as a nurse.

Students' self-awareness also developed as a result of reflecting on the process and their reaction to it. This finding supported the view of Warne and McAndrew (2007), that a more reflexive approach to encounters with patients is needed. Rush's (2008) suggestion that it is not service user involvement *per se*, but the wider context in which learning occurs that results in learning potential being achieved, is of interest here.

Although the structured written reflection was judged useful, the subsequent facilitated

group reflection was more helpful. Over the five spirals of this action research, it became apparent that the initial feedback conversation provided the foundations of learning which were then effectively built upon through opportunities to reflect. Although labour-intensive, there was evidence that the group reflective conversations increased students' insight, self-awareness, confidence and motivation. Without a face-to-face connection with 'willing' students, it is unlikely that 'reluctant' students would have managed to ask for feedback. This correlates well with others' findings (e.g. Clynes and Raftery 2008; Dziopa and Ahern 2009 and Masters and Forrest 2011), although this particular evidence relating to the value of group reflection is new.

As the previous section suggests that student resilience is important, there appear to be implications for the selection of mental health nursing students, at least at first glance. Perhaps surprisingly, discussion on this topic is not often found in literature of overt relevance to this thesis. At present the selection criteria place emphasis on the demonstration of academic ability, relevant work experience and a sound value base. Arguably, some measure of personal resilience might also be useful. However, this concept is marred by a number of complications. Firstly, courses are developmental and therefore, in a similar way to other competencies and qualities, a degree of resilience can be fostered even if it is not clearly evident at the outset. Secondly, if only 'secure' candidates are selected, this might inadvertently reinforce an unhelpful cultural divide between ('competent') nurses and ('incompetent') service users. Furthermore, candidates who were so 'well defended' that they lacked sensitivity and/or empathy would not be sought.

Within reason, it might be preferable to adopt the position of 'we are all human beings, with strengths and flaws but most are capable of change'. For the latter position to be defensible, there would need to be planned and regular opportunities for students to develop self-awareness and ego strength, through a 'therapeutic relationship' with a named supporting lecturer and through experiential learning opportunities, group

discussion and facilitated reflection. Adopting a philosophical position about the development of students which is optimistic, holding that in the right environment, they can grow in knowledge, skill, attitude and personal strength has good congruence with both the recovery model and basic humanistic educational principles outlined by Rogers (1951). However, for this to be achieved, small group learning would be needed and there could be workload implications for hard-pressed HEI lecturers. On the other hand, this would provide an additional opportunity for mental health nurse lecturers to maintain the currency of their 'therapeutic approaches skills' through the use of transferrable skills with their students.

A potential solution to the problem of providing post-placement facilitated reflection for students could be to utilise more senior students. Were senior students to help more junior students by facilitating a group reflection about the experience of asking for and receiving feedback, it could encourage the development of skills relating to clinical supervision, a 'must' for mental health nurses. It would also assist in the development of leadership skills, again essential for graduate nurses. However, this proposition was untested.

Educationalists will also be concerned to ensure that teaching and learning methods used are congruent with other aspects of the curriculum and, where courses lead to professional registration, with service delivery goals. Encouraging students to learn from service users in practice is one way of achieving good alignment between values and models espoused in educational and practice settings.

Although the emphasis on service user assessment was abandoned early on in this project, it is clear that mentors' observation of the students' willingness and ability to ask for and reflect on feedback provided useful information relating to their role as facilitators of learning and in assessment.

5.2.3. Asking service users for feedback - the impact on service users

Of all the participants, grassroots service users were the most enthusiastic (although it is important to note that these were all people willing to engage with the project and so were arguably favourably disposed from the outset). The ambivalence expressed by students was not demonstrated by this group of participants. This finding contradicts the work of Calman (2006) which found that service users were put off by the worry of how they might tell someone they were not good at their job. Conversely, Webster et al (2012) found that service users who volunteered to give feedback to medical students were motivated and empathic. Several reasons for service users' enthusiasm emerged. There was a strong indication that they had been hoping that staff would seek out, listen to and respect their views more often. This initiative was therefore symbolic of a longed for change. Furthermore, most service users interviewed recognised that they had been motivated by the desire to 'give something back' to a service that had helped them. For most, this concept of increased reciprocity appeared to be an important and welcome development. Where students had needed to adapt to the idea that their relationships with service users could be more reciprocal, it appeared that increased inter-changeability between the 'helped' and the 'helper' was an opportunity that this group of volunteers welcomed without complication. In addition, there was a common sense that service users are actually expert in picking up who amongst the staff group they can talk to and trust. The inference here was that it would be 'missing a trick' if this expertise was not tapped into. This finding has good congruence with results reported in other papers (e.g. Schneebeli et al 2010) and reinforces Wilson and Fothergill's (2010) concept of a therapeutic shift in self-perception for service users, towards that of 'useful, expert citizen'. These findings also echo Beresford's (2010) view that the possibility of change and greater equality is the primary driver for service users. In addition, this research revealed another important driver for service users; the possibility of contributing to student development and consequently to better future nursing practice.

No service users reported disempowerment. This may indicate that the tool devised contributed positively to the management of feedback. However, whilst some grassroots service user participants were confident that they could give honest and balanced feedback, others were not. The vast majority of feedback was positive, although about half of service users were able to identify one area for development. This mixed picture has been uncovered elsewhere (e.g. Stickley et al 2010 and Masters and Forrest 2010). Many commentators (e.g. Webster et al, 2012) prized the importance of service users receiving training before giving feedback. This was not possible in the context of this study and may have been an off-putting factor for service users who did not volunteer. Bailey (2005) noted that students felt disappointed that, where negative feedback was given by service users, it was more likely to address broad service issues than personal ones. This phenomenon was noticed but interpreted as useful 'unexpected learning'. On reflection, it could also be seen as a defence against the potential repercussions of giving negative feedback, although no service users talked about it in this way and so there is no evidence to support this stance. Debyser et al (2011) concluded that the quality of the feedback conversation hinged on the presence of either helpful or unhelpful dynamics between service user and student. Student variables contributing to the dynamic have already been discussed. Service user attributes that resulted in complications were cited as maturity, personality traits, rigidity of thinking and phase of illness. The meaning of Debyser et al's 'personality traits' is unclear.

In this study, the minority of service users who acknowledged difficulty in giving negative feedback said that they recognised the need to develop greater assertiveness and openness as part of their recovery. There was therefore a sense that being engaged in the process of giving feedback could be therapeutic for a number of reasons. Whilst other papers have highlighted the benefit of being listened to (e.g. Elstad and Eide 2009), the idea that giving feedback to students could provide service

users with the opportunity to practise important life skills is not prevalent in the literature.

Most service users interviewed spontaneously discussed the crucial personal importance of their interactions with staff (in line with other reports such as Beresford and Branfield 2006). These findings suggest that there is support, within the service user population, for changes in the traditional culture of mental health services and, in particular, changes in the nature of the relationship between staff and service users. To work with staff who enable service users to have more of a voice and recognise their strengths as well as their weaknesses was a commonly held aspiration. Furthermore, the involvement of volunteer grassroots service users found in practice settings had the added advantage of avoiding the over reliance on small numbers of service user volunteers often found in educational involvement contexts.

5.2.4. Asking service users for feedback - the implications for mental health nursing practice

On an intellectual level students embraced feedback from service users and expressed a preference for balanced feedback, recognising that it is more likely to feel authentic and useful to them. However, on an emotional level those with a less secure sense of self felt profoundly daunted. This finding is tempered by the discovery that perseverance and support, over time, is likely to result in an increased ability to engage with difficult things. This observation triangulates Koh's (2008) comments that formative feedback in HE is underused and underconceptualised, yet has the potential to result in deep learning, increased self-esteem and better employability. Post-registration, long term success in the work place is certainly likely to be enhanced by the ability to persevere and engage with challenges. Practitioners who, in line with the aspirations expressed by Thomas et al (2010), can demonstrate a willingness to relinquish some of the power attendant in their role and show respect for the opinions of grassroots service users, should appeal to contemporary employers. Similarly, where service

managers are striving to adopt recovery-focused approaches, mental health nurses who, in line with the hopes of Warne and McAndrew (2007), clearly value the knowledge inherent in the patient experience and who take a more reflexive approach to encounters with patients, should be an attractive employment proposition.

Mentors were supportive and assisted on a practical level by helping students to select service users to approach for feedback. This initiative resulted in some thoughtfully cross-referencing the principle being adopted by students to their own practice, with comments such as '*wouldn't it be refreshing if we all did this!*' (M1ii). There is no indication of whether this sentiment was followed up by action, but this comment is indicative of an important point. Asking service users for feedback in practice settings is potentially representative of a cultural shift (Tickle and Davidson 2008). In principle at least, any initiative encouraging students to engage, listen, develop more reciprocal relationships with service users, value service user knowledge and work more collaboratively has the potential to produce professionals with a better sense of how to be a good mental health nurse. For example, a nurse who is comfortable in adopting this approach would be better placed to adopt a more inclusive model of the evidence base. This requires decisions about how best to help to be based on service user preference as well as on research findings and other contextual factors. Jordan and Court (2010) incorporated a fourth strand in their vision of an inclusive evidence base – that of clinical judgement. However, it can be argued that the fourth strand should have more emphasis on collaboration between service user and professional. Therefore a *partnership approach to decision making* would constitute a better 'fit' with the philosophical underpinnings of this project.

The way in which cultural changes such as this might become better embedded is far from straightforward however, as mixed messages permeate the world inhabited by students. There follows an example of such an ambiguous, contradictory and confusing message which illustrates the complexity of this issue. From the outset in mental health

nurse training, students are helped to understand safe boundaries and avoid abuse in their relationships with service users. I have taught students that therapeutic relationships are different from other relationships because they only meet the needs of the service user and are not reciprocal. Thus there is potential for confusion when it is suggested that the service user might help the student. This theme is further developed in the discussion relating to the extent to which the research aims have been achieved.

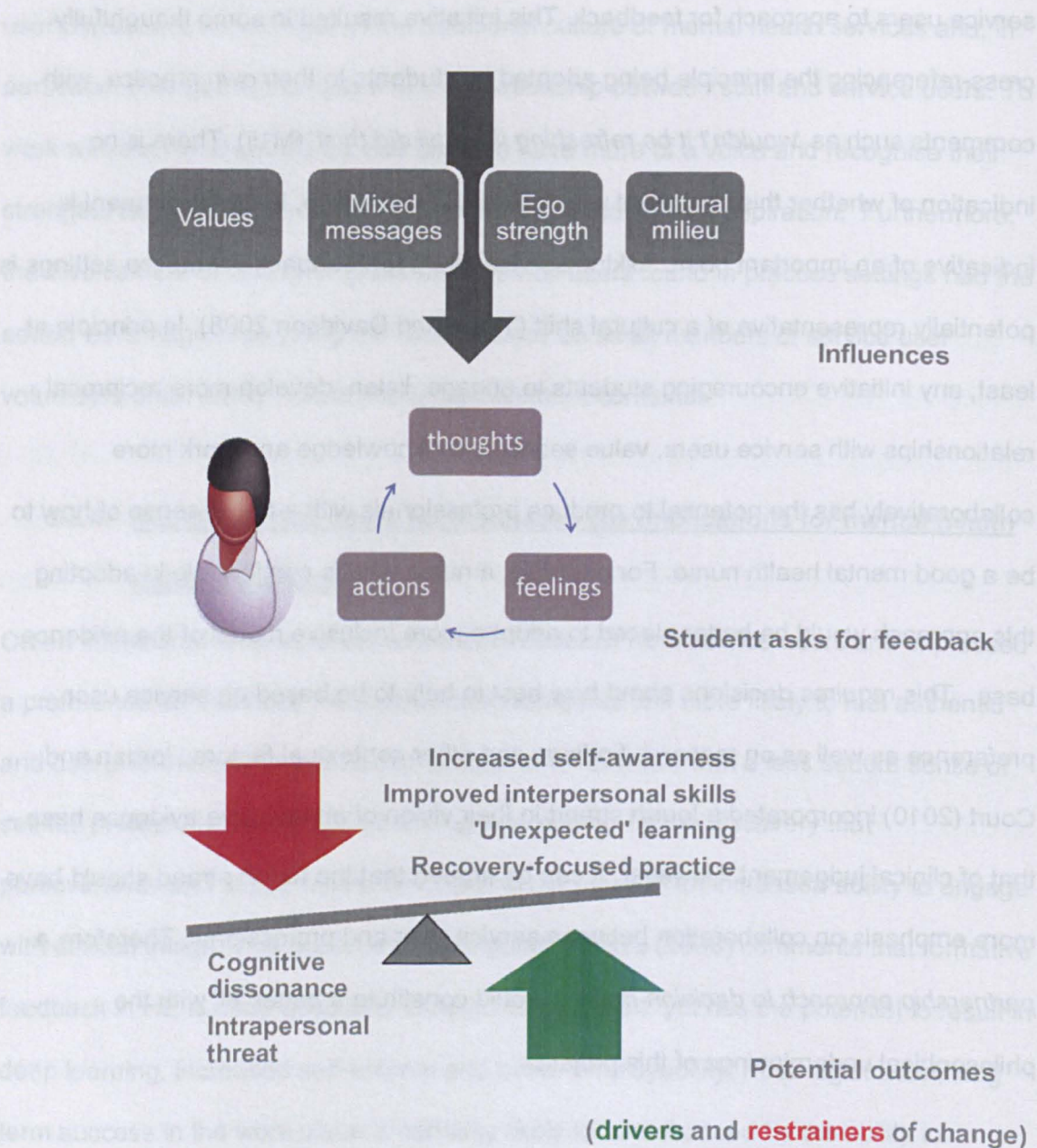


Figure 8. A diagrammatic representation of the student experience of asking for feedback

In summary, there is a plethora of 'mixed messages' inherent in the fields of mental health nursing and research. To assist with the confusion and cognitive dissonance these may create, educationalists need to expose this, providing opportunities for discussion and the eventual adoption of more considered and inclusive conceptual models for students and researchers, which acknowledge many truths. Pulling together the threads, the impact of this initiative from an educational and a mental health nursing practice perspective is complex. Therefore **Figure 8** is designed to offer a simple diagrammatic representation of key issues discussed.

5.3. THE IMPACT OF THIS INITIATIVE FROM A RESEARCH PERSPECTIVE

5.3.1. Engaging in participatory action research - the impact on participants

The earlier section has discussed the change in relationship dynamic experienced when students ask service users for feedback. Similarly, findings showed that changes in dynamic occurred within the PARG. Here was a group of people who knew each other previously, from a context in which roles were circumscribed, involving high degrees of 'typecasting'. For example, working with me was an ex-student of mine. She had 'nursed' three out of four of the service user participants and I had 'nursed' one of them. The word 'nursed' is used deliberately here. The rather passive service user role suggested by this term serves to suggest the nature of potential typecasting. It transpired that achieving representation of all stakeholders involved in nurse education in practice became less important. In contrast, discovering whether it was possible to move beyond custom and practice to find new ways of working became more important. I had wondered whether it was possible to supersede the conventional roles often adopted when teachers and students or mental health nurses and service users are together. The impact on PARG members and on me as lead researcher are discussed in turn.

The audiotaping of PARG meetings was an essential part of the process as it provided the opportunity to replay conversations and revisit transcripts in order to notice and explore relationship dynamics. There were times when more stereotyped roles were transiently returned to. This was usually at times of personal or collective emotional difficulty, rather than when there was a research-related challenge facing the group as a whole. However, for the most part, members of the group appeared to be (and later, when asked, acknowledged feeling) 'freed up to be themselves' (excerpt from reflective journal, v). In other words, over time we became Rush's (2008) 'ordinary people' rather than 'other'. This required a change in dynamic, self-image and role for all of us.

The first signs of this transformation happened early on, when participants discovered that challenges to my draft ideas were welcomed. They admitted to having been feeling a little afraid that they might be 'fired', in 'The Apprentice' fashion and so exhibited considerable relief. Indeed, suggestions made by PARG members proved invaluable. For example, the project benefitted enormously from their translation into plain English services, their advice about working with service users when they were particularly vulnerable and their contribution to the formulation of the two questionnaires used. In other words, again participants developed the sense over time that they were Wilson and Fothergill's (2010) 'useful, expert citizens'.

Where there were exceptions to this self-image, exploratory conversations revealed that they tended to emanate from pervasive self-doubt, but this became apparent less frequently over time. In other words, in the PARG context at least, service user participants noticed that their confidence, sense of influence and credibility grew over time. This finding supported the views of Bailey (2005), Elstad and Eide (2009) and Wilson and Fothergill (2010), all of whom suggest that service user involvement has the potential to be therapeutic. However, the use of the word therapeutic often has connotations of treatment whereas the word is used here in a generic, 'human' sense.

Whether lecturer, mentor or service user we all gained a sense of wellbeing from working in this new way.

The performance of the group provided evidence to counter the concept described by Ward et al (2010) as epistemological dissonance - the difficulty in believing that consumers can bring valid forms of knowledge to bear on the research process. This project could have proceeded without the participatory component of action research, but it can be argued that it would have been of poorer quality as a result. For the most part, the atmosphere was one of good natured collaboration and purposeful enjoyment, similar to that described by Caldon et al (2010). We worked hard together; there was a surprising amount of laughter and a widely acknowledged sense of loss when the research came to an end. As one service user put it:

'We all want the same things. We want better nurses and you want better nurses! What you want is my experience as a service user. I have given you that and acted as your translator when you don't use normal English and that feels good!' [SU2 PARG, iv]

Participants who remained committed to the project throughout expressed a unanimous sense that they had been involved in something worthwhile. This was particularly evident when, as there frequently was, there was evidence of change.

Having discussed the impact on participants as a whole, the impact on me as lead researcher is now considered. Working in this new way together meant the conscious eschewing of the nursing and teaching roles that have such propensity for transference and counter transference. For example a deliberate emphasis was placed on facilitation rather than prescription, on the avoidance of 'rescuing' behaviour and on humility - the open exposure of dilemmas, uncertainties and mistakes. I learned that owning my own expertise was not the same as privileging it and I found that being

transparent about the sources of my knowledge was helpful in engendering more equal relationships. An analogy was drawn with the managing director on a board of directors.

Working in this different way proved more challenging than I had anticipated, requiring intense reflexivity and a great deal of soul searching. I am an experienced facilitator, operating the majority of the time with unconscious competence. This way of working necessitated conscious competence, and sometimes resulted in incompetence, both conscious and sometimes unconscious (until exposed in retrospect). I underestimated the degree of difficulty and adjustment required and, as such, my personal finding mirrors the experiences of students when asking for feedback. However, this exacting experience also provided the opportunity for the development of self-awareness as well as learning about the research topic and about research itself.

Overall it was rewarding, refreshing and an honour to be able to work in this way. Moreover it was genuinely invaluable in that our combined expertise enabled us to make sound decisions about the next spiral of research. The mentor in the group described similar adjustments in role and also articulated her enjoyment of the ability to work differently. Had a participatory approach not been adopted, I believe the quality of the research would have been poorer on many levels.

In summary, I both valued and used participants' expertise and it is my personal perspective that we were able to develop well-functioning relationships that were more equitable. Thus the impact of PAR on participants, both in terms of the quality of the experience and of the 'research product' (i.e. the mechanism allowing students to ask for feedback), is a major strength of the approach. Other limitations and strengths are discussed in the next section.

5.3.2. A critique of the use of participatory action research in this context

Finding the 'right' degree of participation in participatory action research is challenging. Throughout the process, judgements need to be made relating to how many issues can or should be dealt with in an executive fashion (by the lead researcher), and how many in a democratic fashion (using the combined expertise of the group). In some instances this decision is easy if the issue is pressing and swift decision making is required. Nevertheless, alternative arrangements can be made which enable participatory rather than unitary decisions. For example, Cotterell (2008) undertook a doctoral participatory research project which involved working together with service users, conducting 32 group meetings over three years. In contrast, this project involved holding eight meetings over two years. Cotterell's experience suggests that it might have been possible to meet more frequently, thereby making more use of participants in contributing to decisions. However, in this project, when asked, most participants responded that a more extensive time commitment would not have been possible or desirable. They provided various reasons which included competing demands on their time. On balance, there was scope for enhanced democracy through greater frequency of communication between PARG members, although this was not, as it transpired, what these particular participants wanted. This is an important point; these matters need to be discussed and negotiated. To this end, we successfully used Morrow et al's (2010) tool, intended to help researchers and service users interrogate and reflect upon their own research experience and relationships with each other, although this was not used until the fourth spiral.

With regards to participation in data analysis, Cotterell (2008) found that there were some differences in the interpretation of data arrived at by the service users and by the lead researcher. He concluded that there was added value in involving service users at this stage. Beresford (2010) also suggested that 'significant fault lines' (p.496) can be expected between service users' views and those of professionals (including researchers). Furthermore, Cashman et al (2008) lent support to the value of

collaborative data analysis, acknowledging that understanding about this is in its infancy. They provided a full and articulate analysis of the benefits and challenges, supported by evidence from four case studies. One compromise option they put forward was to use the academic researcher(s) for data reduction, followed by engagement with the participants to work together on arriving at insights and discoveries from the reduced data. This particular approach has many similarities to that which was adopted in this project as, when asked, participants suggested that they preferred me to extract and explain key data before group analysis could occur. Cashman et al's (2008) conclusion was appropriately nonprescriptive as they recognised the importance of negotiating where best research participants' input should be directed. The experience in this project supports this thinking, although it became clearer that negotiations could have begun sooner than we did. Early PARG discussions centred more on the research product and less on process.

From an ethical stance, Torrance and Wilson (2010) also argued for avoidance of a 'one size fits all' approach in terms of degrees of participation. This fits with Beresford's (2010) point that service users' precious energy should be harnessed for those inputs that are likely to make a genuine difference. This perspective is supported by Morrow et al (2010) and Gutteridge and Dobbins (2010), who argued that there are many different, subjective value bases against which to judge the quality of involvement. For example, they challenge the assumption that the higher up Arnstein's ladder (Arnstein 1969) towards service user control the research approach sits, the more superior the quality of involvement. Instead, they counter that the nature of involvement should be negotiated in the light of personal preferences and individual circumstances.

There is a tension between this relatively mellow position and the plethora of literature urging 'the more the better', 'no excuses, just do it!' (e.g. Bassett et al 2006; Ward and Rhodes 2010 and Department of Health 2005). Professionals (particularly researchers) are exhorted to involve service users at every stage. Whilst it is recognised that such

messages have an important place in provoking change and valuing service user input, there is a danger here that service users' contributions are seen as a panacea and insufficiently targeted. As a consequence there may be a poor correlation between effort put in by service users and the impact of their contribution on the research.

The findings of this research point towards a more flexible position, provided that decisions made about the nature of service user involvement are made collaboratively and the process is transparent. It is concluded that the optimum balance between the executive and the democratic is likely to be situation-specific and peculiar to each individual project. Thus a 'good enough' balance may be arrived at through a combination of negotiation with participants and reflexive measures resulting in ongoing vigilance on the part of the lead researcher.

A strength of action research is that the ongoing involvement of participants, over a significant period of time, can enable trusting working relationships to develop. This in turn allows for participants to clarify for themselves and then assert their preferred level of agreement to researchers. Furthermore, the evidence of change implicit in action research is heartening for those offering their expertise. This has congruence with Levin's (2003) assertion that the 'validity' of action research comes from improving people's lives whilst the discussion, debate and deliberation within the group enhance 'reliability'.

Since the core underpinnings of this research are concerned with power and change, the findings give credence to the oft overlooked importance of bottom-up change. In line with Elstad and Eide (2009) and Jordan and Court (2010), addressing the power imbalance between grassroots service users and service providers at a face-to-face, interpersonal level could be an important first step towards service user involvement on a grander scale. It is not suggested that service user involvement at this level is superior to other so called 'higher' forms of involvement. Rather it is recognised that

both are needed and, as the latter has been relatively neglected, a form of positive discrimination is needed to redress the balance. This project adds to the as yet small body of evidence commented on by Torrance and Wilson (2010) which outlines the success of service user involvement 'at the coalface'.

Between the outset and the conclusion of the group, the number of participants dwindled by over half, although this reduction occurred steeply at the beginning of the project and quickly levelled off to achieve a stable, smaller group of six. The reasons for this were only partly known as I decided not to follow up those who had left, for fear of this being perceived as pressurising behaviour, particularly in a small community. Furthermore, it was important to honour the assurance given to them that they were free to leave the project at any stage. Some group members saw advantages to having a group of about six people in terms of expediting trust, openness and decision making. However, lone stakeholder participants, such as the mentor, felt a little isolated at times. Since it appears this depletion in numbers is common, it would be wise to start with a larger than ideal group.

There is broad agreement that the adequate remuneration of service users volunteering to contribute to service development, education and/or research is essential (Lammers and Happell 2004). Locally, we have no existing protocol for the payment of service users for involvement in research. Some group members wondered whether lack of payment could have been a factor in the early loss of some service user participants from the group. For those who remained, it appears not to have been an important issue as they perceived that there were other personal benefits to be gained, such as the opportunity to pay something back and have their views respected. McAndrew and Samociuk (2003) also found that the issue of payment was of less importance to service users themselves. More recently, McKeown et al (2012) concluded that the value of involvement cannot be reflected entirely through monetary reward. However, this does not shed light on why some left the process early.

The way in which action research allowed for new knowledge to be revealed over time has been a vindication of the methodological choice. For example, during early spirals some students who had volunteered for the project did not actually ask for feedback from service users. The reasons for this were uncertain at the time. One possibility was that they had agreed to participate in the research just to please me. As the project progressed, and students became more open in their reflective group, the reasons for this behaviour were discovered. Over time they were able to identify the intrapersonal reasons for this behaviour. Had I intervened earlier and had the research design not involved a number of spirals, occurring regularly over 2 years, this knowledge could have been lost. Overall, it appeared that the spiral nature of action research was a strength, in that it militated to a degree against one of the limitations linked to the disadvantages of insider research.

Furthermore, aware of the 'insider outsider' research arguments (e.g. Hellawell 2006), I found in this context that the more familiar relationships became between myself and participants, the more we seemed able to open up and explore issues together. As a result of this phenomenon, the value of striking a balance between participation (my own) and standing back and 'noticing' became clear. I learned to tell myself that:

'It's all information – wait, watch and allow them to work it out for themselves over time, with the occasional nudge from you'.

By the same token I also learned to tell myself:

'You are a participant – it's OK to participate....this research falls within the interpretive paradigm, it's OK to interpret!'

Making the most of the iterative nature of action research in this way also illustrated the crucial value of a reflective journal and reflective supervision, in terms helping me to contain my anxiety, develop coping strategies, explore issues, find solutions, achieve catharsis and learn about myself.

As has been already articulated, one of the clear advantages of action research (inherent in its spiral construction) has been experienced at first hand. Although every effort was made to make the best-informed start possible, the initial design of the feedback system was retrospectively discovered to be partially flawed. This did not matter in the sense that there was scope to learn from mistakes and to make improvements in the light of experience and feedback. This undoubted benefit of action research is tempered with its inevitable corollary – that the project has to end sometime and yet is likely to feel unfinished because of the spiral structure. It would have been possible to finish this project after four spirals without jeopardising most of the new knowledge discovered as the fifth spiral proved to be the least productive. However, the sense of wanting to discover more seemed irresistible. Furthermore, the ending of a participatory action research project is rarely easy. Because of the relationships that develop between participants over time, it is important to pay attention in the group to ending and ‘saying goodbye’, in order to avoid doing inadvertent harm.

In summary, the benefits of the iterative process of action research have been realised in this project through the provision of opportunities to refine the research methods, develop increasingly open relationships with participants, follow new lines of enquiry and build new knowledge. These ‘ingredients’ allowed for measured creativity. Although a difficult process, a synthesis of the experiences of the participants of this project point to a sense that the benefits outweigh the challenges.

Some of the original ethical positions (relating to methodology) adopted were informed by literature and were, quite correctly, agreed by the local Ethics Committee as a prerequisite to starting the project. It later became apparent that some of the early plans were neither viable nor ideal. For example, I agreed with the Ethics Committee that I would speak to each grassroots service user prior to their feedback conversation

with a student, in order to achieve informed consent. As the research progressed, it emerged that it was more effective if the student explained the purpose of the research directly. This was partly because the service user was more likely to be convinced that the student genuinely wanted feedback and partly because it enabled students to seize feedback opportunities without the inevitable delay involved in contacting me. This delay could have prevented the involvement of some volunteer service users. In addition, some service users heard about the mechanism of giving feedback because it was recommended by other service users (rather than through formal publicity channels). It would have been ironic if harm had been done through excluding them, just because they had not been seen by me. Furthermore, the mentor proved the best judge of the timing of feedback conversations and thus I proved not to be essential to the ethical handling of the situation.

Had I insisted on retaining my original plan, my actions could have resulted in inadvertent harm. Several service users would have been denied the therapeutic benefits of participation and, similarly, several students could have been denied the opportunity to benefit from feedback. As a result of these and other experiences, I now see the ethics relating to practical details as less separate from the ethics relating to the overriding aim of the project. Whilst wishing to emphasise that I am not suggesting a cavalier attitude to ethical issues, I now believe that the original ethical stance was overly cautious. Having established that a rigid adherence to ethical approaches made redundant by change could impede the viability of the whole project, I found it was possible to take a more relaxed approach and yet still remain ethical, with sustained vigilance.

Nevertheless an inherent problem remains in relation to the role of the Ethics Committee in approving action research. Although it was of paramount importance to me to ensure this project was ethical throughout, it would have caused the collapse of project if I had to book an appointment with the Committee (which meets bimonthly)

every time agreed details needed modification. On reflection, I could have convinced them instead that I had a sound grasp of ethical principles, enhanced by the use of various reflexive tools, which would be applied throughout. However, this would require quite a 'leap of faith' for Ethics Committee members as they would need to trust my judgement without the reassurance of adherence to concrete, precise, pre-planned ethical measures. With the confidence acquired over the past two years, I would in future present an ethical application placing more emphasis on principles to be applied within an iterative context. Whether this would result in approval is untested and this could be problematic if the panel members were unfamiliar with or, worse still, disapproving of the action research approach.

5.3.3. The implications for researchers

Overall, my experience has been that participatory action research has been difficult, complex and 'messy'. However, it has also proved an effective and worthwhile approach. The reasons I have arrived at this position are as much to do with proven pragmatic benefits as they are to do with the original philosophical drivers. The process of evaluating the impact on participants and the strengths and weaknesses encountered has resulted in new learning and has enabled conclusions to be drawn. These conclusions have relevance for this particular study and some have wider pertinence.

5.4. ACHIEVING THE RESEARCH AIMS

The overarching aim of this study was to evaluate the experience and impact of initiatives designed to enable nurses and service users to work together differently, both in a practice and research setting. In particular, the hope was that more equitable relationships could be developed and that the expertise of service users could be better valued and harnessed for mutual benefit. Both Chapters Four and Five have demonstrated that service users and nurses have been able to work together in new

ways that entailed forging relationships of greater reciprocity and involved a two-way flow of expertise. This was achieved in both an educational context and a research setting. However, it did not prove easy, particularly for student nurses in the educational context. Both successes achieved and complexities unearthed have contributed to the development of

- new knowledge
- recommendations of relevance to all three domains spanned by this project and
- a 'bespoke' conceptual framework

5.5. MOVING TOWARDS A CONCEPTUAL FRAMEWORK

The opportunity arises here to discuss the 'bespoke' conceptual framework, which reflects personal learning derived from findings, in the broadest sense. It is not my intention to present any 'grand theory'. Rather, having discussed the detailed implications of the findings, an account is provided of new (to me) understandings, connections and insights arrived at. This research project has produced evidence about the student experience when asking for feedback from service users. It has been shown that, having been unanimously supportive of the feedback initiative in principle (*knowledge*), some students have found the experience to be much more daunting and difficult than they expected. Initially at least, this stopped them from asking for feedback (*action*). It was important to better understand both why this might be, and what might be done to improve matters. As represented in Figure 8 (page 130), findings have shown that four key influences affect students' feedback-seeking behaviour. These are **values**, **mixed messages**, **ego strength** and **cultural milieu**. It can be argued that all four are largely socially constructed and, as such, their sway varies, according to the relative influence of each component (*power*). Just as earlier epistemological discussions suggested that proactive *action* can be taken to seek out the *knowledge* of marginalised people, thereby achieving a more inclusive knowledge base and

promoting *empowerment*, so the findings of this project point to a similar dynamic. They have shown that asking students to seek feedback from service users (*action*) has resulted in more reciprocal relationships (*power*) and a growth in self-awareness (*knowledge*). For some, the deep learning achieved (*knowledge*) has led to an increased ability to solicit and use service user expertise (*action*). In turn, this has led to more collaborative working (*power*). There are clearly three ‘common denominators’ here. Broadly, they are concerned with the distribution of power and the relationship of this to knowledge and to action. The underpinning basis of the conceptual framework is presented in **Figure 9**.

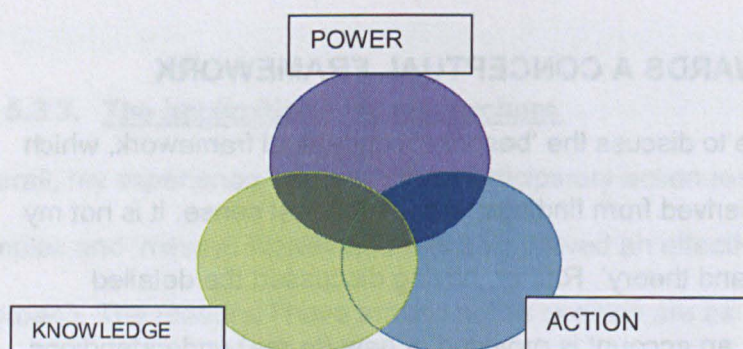


Figure 9. The basis of the conceptual framework

Thus this research has demonstrated how these three common denominators are interconnected and that change in one can have ramifications for the other two. This quote from a service user interviewed sums up the connection between power relations, taking action and learning:

“I think this feedback thing (action) is a good idea because it helps give nurses insight (knowledge)..... It used to feel like ‘nurses against clients’ but things like this make it feel more level (power)”. SU1 ii

This model may also be used as a lens through which to view others’ findings, and this makes a contribution to its validation. For example, Rush (2008) provided an illustration

of how educational developments can result in changes in mental health practice and in power relations. Through involving service users in classroom education, 'the helped' became 'the helper' and 'the helper' became 'the helped'. Rush suggested that this reversal of roles (*power*) and the different context in which learning has taken place has the potential to result in deep learning (*knowledge*). In this instance, students become more aware of power issues and this helps them to develop more of a partnership approach to their practice. In turn, this provides a foundation for promoting the recovery model as a philosophical approach to care provision (*action*).

The examples provided give a sense of how a change in one of the three elements of the model can have positive implications for the other two. To this extent, the interconnectedness described earlier appears to be virtuous. However, it is also important to consider what happens when one of the elements is weakened. To this end, it is useful to return to the key influences previously identified as affecting the student experience. One influence was identified as the mixed messages that permeate knowledge and practice relating to mental health. These often create conflict, confusion and cognitive dissonance for those who work in and use the service. One example (relating to relationship boundaries between nurse and service user) has already been discussed earlier in this chapter. The following are further examples of such tensions:

- the 'medical' model versus the 'recovery' model (the medical model stresses the diagnosis of pathology and prescription of treatment whilst the recovery model puts emphasis on strengths as well as problems, along with the importance of a collaborative and optimistic approach)
- delivering individualised care versus the drive for standardised 'good practice'
- listening versus prescribing
- empowerment versus social control
- 'being with' versus 'doing to'

- (for nurses) relinquishing power to service users versus recognising our own disempowerment.

Equally, there are clear links between these mixed messages and those in the domains of higher education and of research. In higher education there are tensions relating to the partisan nature of the student experience. The following are examples

- what is learned in a theoretical context (reflecting a more liberal, individually-orientated, recovery model-driven approach to mental health care) versus what is learned in the practice context (locally at least, tending towards the medical model and the dominance of psychiatry)
- an inclusive versus a polarised approach to the relevant theory base in mental health

Again, similar tensions appear in the research arena. For example:

- the espoused emphasis of valuing individual and collective service user expertise versus the reality of 'hierarchies of evidence'
- the status of knowledge emanating from the powerful versus the status of knowledge emanating from the relatively powerless
- outsidership versus insidership

Although all these examples emanate from the world of the mental health service, higher education and the research community, there are links with 'the bigger picture', informed by the seminal ideas of Foucault (2001) and Freire (1972). Thus in society as a whole there are tensions between the espoused and the oft-experienced milieu, such as:

- democracy versus marginalisation
- equal opportunities versus pervasive inequality
- collective care of the vulnerable versus the oppression of stigmatised groups

- Government policy urging us to 'put patients in the driving seat' versus their exhortation for professionals to follow NICE guidelines (formulated with a high emphasis on empirics)

This is relevant because these mixed messages give a flavour of the complexity of the environment in which students learn. Findings have shown that where students have been sufficiently convinced of the merit of the feedback initiative (*knowledge*) and have felt sufficiently self-confident (*power*), they have been able to take the plunge and ask for feedback (*action*). However, the rationale for the initiative (*knowledge*) is weakened by the mixed messages identified above. For example, some students were more influenced by the medical model which encourages professionals to take a more expert, prescriptive stance (*power*). Where this was the case, students were less likely to ask for feedback (*action*). Similarly, some students acknowledged relatively weak ego strength (*power*) and they too felt reluctant to ask for feedback (*action*) until they had been given the opportunity, over time, to explore concepts through group reflection (*knowledge*). Thus it may be seen that difficulties in one part of the three-element model can also have negative repercussions for the other two parts. In this way, the model has a potential contribution to make to the identification of both problems and solutions in implementing this initiative. One such example follows.

Clearly, learning to be a mental health nurse necessitates the management of ambiguity and uncertainty (*power*), along with the consideration and reconsideration of competing models and mixed messages (*knowledge*). The postmodern acknowledgement of many truths needed to flourish in this environment is testing. Therefore it is unsurprising that, in the case of this project, evidence of student reluctance has been uncovered (*action*). The depth of learning required to embrace the recovery model, whilst also acknowledging the best of what other models have to offer, is considerable. Indeed, it is reminiscent of the transformative learning described by Mezirow (2000). Transformative learning results in a fundamental change in the way

that learners view themselves and the world. Frames of reference are altered to enable greater openness, improved amenability to change, and the ability to generate better justified beliefs and opinions on which to base action (*knowledge, power and action*). There are marked differences between the recovery model and the medical model in terms of their underpinning epistemology, power relationships and value base. This represents a serious challenge for students and nurse educationalists. Indeed Stacey and Stickley (2012) coined the phrase 'threshold concept' (p.534) in acknowledgement of the fact that students will find this hard to grasp. This difficulty is further exacerbated by the fact that half of student nurses' learning occurs in practice. The practice environment may help or hinder students to reconcile these complexities. As this research has shown, educationalists seeking to support transformative learning need to adopt teaching and learning strategies which assist the development of self-awareness, measured resilience and reflexivity. This in turn requires the facilitation of a safe, supportive yet 'stretching' learning environment. Returning to the application of the three-element model, it can be argued that its parts represent constituents of transformative learning. As such, consideration of these elements has the potential to assist with the recognition of impediments to and enablers of the type of education needed to progress this initiative.

Turning to the research component of this project, in learning more about action research and, in particular, participatory action research, I have uncovered links that were previously not obvious to me. A key strand in this conceptual framework is the connection between the philosophical underpinnings, power relations and socio-political issues relating to:

- working with people experiencing mental distress
- facilitating learning in a higher education setting and
- facilitating participatory action research.

This has personal significance because these three broad realms constitute my professional practice. One example of such a connection is that all three involve creating a (mostly) safe environment in which people can be empowered to reflect, learn, develop and make changes for the better. Having initially seen these realms as rather separate, there is merit of thinking laterally about whether theoretical aspects relating to one realm might have a resonance with another. For example, what is considered to be good practice in one realm might inform how to improve matters in another, and learning more about one aspect of my professional practice could provide transferrable learning for the other aspects. In other words there is great potential for the 'cross fertilization' of knowledge and practice across domains and I have gained a number of fresh perspectives from thinking in this way. One example has been included in appendix 14.

Overall, the practical application of relevant underpinning theory relating to education, therapeutic approaches and research (and the reverse – allowing practice to inform theory), has enabled a clearer conceptualisation of key issues relating to this research. Although the ratio of reward to challenge varied from student to student, all but one said that they would like to continue with the practice of asking for feedback after the project was complete. This, in combination with the developing conceptual framework, indicates that, on balance and with room for improvement, this initiative has a future. In 2010 the NMC 'required' service user involvement in the assessment in pre-registration programmes. However, the evidence base relating to this is 'thin'. Several commentators have warned against taking an uncritical approach to service user involvement (e.g. Nolan et al 2007; Stacey and Stickley 2012) and the complexities unearthed in this project support this position. Findings from this research suggest that encouraging and enabling mental health students to ask service users in practice for feedback (essentially a form of formative assessment) has value. This value has many strands, with benefits to be realised for student development, for practice culture and for service users. Therefore the knowledge generated through this research has clear

relevance for HEIs attempting to implement NMC standards and for mental health services striving to adopt recovery-focused approaches. I have questioned whether it is legitimate to explore a conceptual framework which has such a strong flavour of the personal, the iterative, the subjective, the contextual and a drive for change. However, I have been reassured by the welcome congruence between the nature of this conceptual framework as described above, and the tenets of action research.

In synopsis, this chapter has discussed the impact of the feedback initiative on students and service users, along with the implications for educationalists and for mental health nursing practice. The most important 'messages' arising from this discussion may be summarised as follows:

Education

- *This feedback initiative provides educationalists with an opportunity to enhance the quality of the curriculum and adhere in a meaningful way to policy directives relating to service user involvement in education. This improved quality of the curriculum is achieved through a closer alignment between the learning strategy adopted and the outcomes required to prepare contemporary mental health nurses. Although a challenge for some, over time and with support, engagement in this initiative has the potential to help students to achieve transformative learning, enhanced self-awareness and resilience, and improved nursing skills.*

Practice

- *This feedback initiative provides students with the opportunity to embed the value-base relating to the recovery model into their practice. This may be achieved through the development of more respectful, reciprocal relationships with service users 'at the coalface'. In turn, this is likely to be experienced as therapeutic by service users themselves.*

Similarly, this chapter has explored the impact on participants involved in participatory action research, along with the implications for researchers. The most important 'message' arising from this discussion may be summarised as follows:

Research

When service users and nurses engage in participatory action research, it is possible to develop new, more reciprocal ways of working together which benefit both the research product and the research process experienced by the participants.

Finally, the discussion chapter has explored the relationship between power, knowledge and action, resulting in a fourth 'key message':

Knowledge

A reduction in the power imbalance between nurses and service users (achieved through the development of more reciprocal and collaborative relationships) has the potential to result in new knowledge. The emergence of this new knowledge is enabled by the relationship itself. This connection between power and knowledge can, in turn support action on the part of both nurses and service users. This action takes the form of interpersonal, intrapersonal and skill development as well as cultural change.

These key messages will be detailed and situated within their wider context in the final chapter – Conclusions and Recommendations.

CHAPTER SIX - CONCLUSIONS AND RECOMMENDATIONS

6.1. Introduction

Overall, this study has added to the body of knowledge relating to ways in which service user expertise might be proactively sought in order to contribute to a more inclusive knowledge base in educational, practice and research settings. It has provided some new insights on the ways in which nurses and service users might develop more reciprocal relationships when working together. Implications have been drawn, some broad and some specific, for consideration by educationalists, mental health nurses and researchers. Both 'macro' and 'micro' level recommendations have been derived from this process. The broad reaching 'macro' level recommendations have been informed by discussion of findings and by new insights arrived at. As there is a clear connection between conclusions reached, recommendations made and knowledge built, the recommendations have been periodically inserted, adjacent to the most relevant conclusions, in the following section. To aid clarity they are presented in a shaded text box.

The 'micro' level recommendations make a detailed contribution to practical knowledge and are of potential interest to a narrower audience (for example, nurse educationalists involved in pre-registration programmes or participatory action researchers working with service users). As they are not integral to the fundamentals of this research, yet may be of interest to this audience, they have been included in the appendices. Those most relevant to educationalists are found in appendix 15 and those of interest to researchers in appendix 16.

6.2. Conclusions and Recommendations

A review of relevant literature supported the view that knowledge emanating from mental health service users' expertise is both undervalued and underutilised. This is particularly true of grassroots service users. Despite attempts to modernise the culture

of mental health services, knowledge derived from empirical sources appears privileged and the medical model often remains the dominant discourse. This power imbalance matters because it damages the disempowered and skews the evidence base to exclude important other perspectives. This project set out to create a more inclusive knowledge base by attempting to better harness service user expertise in two spheres – education and research.

As articulated in the Discussion Chapter, the experience of participants in this research project echoed epistemological theory demonstrating the connection between power and knowledge. It also supported key policy rhetoric concerning the value of tapping in to the knowledge held by relatively powerless groups.

Thus it is recommended that:

- educationalists and researchers should proactively strive to harness service user expertise in order to contribute to the more equitable distribution of power and a more inclusive knowledge base.

However, these conclusions expose another dimension to this quest, less prevalently discussed in key literature. Service users are not a homogenous group and this research has demonstrated that oft overlooked 'grassroots' service users have much to contribute. **Therefore it is also recommended that:**

- Higher Education Institutions (HEIs) and researchers seek to engage and empower 'grassroots' service users to complement the more commonly seen contributions of service users in the University setting.

In both education and research spheres, this research project involved exploring whether it was possible for mental health nurses and service users to work together in a way that required the creation of more reciprocal relationships.

The project sought to discover what happened when a small group of stakeholders worked together to design and then subsequently refine a mechanism enabling mental

health nursing students to ask for feedback about their interpersonal skills from service users in a practice setting. All participants were volunteers and data were derived from regular research group meetings and from interviews with 13 service users, four students and four mentors. Data also emanated from a series of facilitated, reflective group interviews with five students.

It was anticipated that both the feedback mechanism and the research approach would benefit student learning, service users, the quality of the research and the cultural milieu at a service delivery level. This doctoral project adopted a participatory action research approach because there was a sound conceptual 'fit' between the research aims, epistemology, methodology and methods. Interviews with those involved enabled insights to be gained about the impact of this initiative, including the extent to which hoped for change was realised.

In relation to the educational component of the project, all participants expressed unconditional approval of the feedback initiative **in principle**. Service users were unanimously enthusiastic as they recognised the importance of professionals' interpersonal skills, the contribution their underutilised expertise could make to skill development and the value (both to them and to students) of giving feedback. For those who volunteered, the initiative was symbolic of a 'longed for' change. Students and mentors agreed with this position and also cited the important philosophical connection between the practice of asking service users for feedback and the underpinning principles of the recovery model. Linked to this, they saw the development of a more reciprocal relationship between nurse and service user and the proactive valuing of service user expertise as one behavioural enactment of recovery-orientated practice. Thus asking for feedback was seen as one way in which a nursing curriculum might embody contemporary values. As such, it enhanced the alignment between the curriculum and service delivery goals. All participants envisaged the potential for service user feedback to contribute towards better quality nursing practice.

However, in practice, a 'head-heart split' emerged for some students. Students' emotional reactions lay on a continuum. Some were enthusiastic, some were ambivalent and some felt significantly threatened. Both intrapersonal and cultural reasons for this emerged. Firstly, there appeared to be a link between students' ego strength and their willingness to ask for feedback. Secondly, all acknowledged some cognitive dissonance in adopting the role of the person being helped, instead of the helper. The extent to which students were able to manage the adjustment and the redistribution of power entailed varied.

Overall, the reluctance of ambivalent students reduced over time and all experienced useful expected learning (relating to interpersonal skills) and unexpected learning (relating to self-awareness and other issues). More confident students envisaged developing practice that involved tapping into service user expertise in a number of ways and, for them, there was evidence of transformative learning and long-lasting behavioural change. Over time, less confident students were able to explore intrapersonal issues and this resulted in deep learning. Both make a potential contribution to development and employability. Both students and service users experienced an increase in their confidence as a result of the sense of achievement derived from managing a potentially difficult conversation. Furthermore, the practice of tapping into service user expertise potentially prepared students to adopt an inclusive model of evidence based practice. This entails consideration of empirics, service user preference, contextual issues and adopts a collaborative approach to decision making (where possible). In essence, with its emphasis on engagement, listening and collaborative working, there was evidence that this initiative made a potential contribution to students' ability to become a contemporary mental health nurse.

Students appreciated having a choice of approaches and felt more comfortable once they had found their own ways of asking for feedback. They found a choice of two questionnaires helped to structure the feedback conversation. The questionnaires were orientated around the 'ingredients' of the therapeutic relationship and were generated

by the participatory research group. Facilitated, regular, reflective group discussion and a simple reflective tool helped to facilitate this and made an important contribution to the extent to which initially 'reluctant' students were able to develop over time. Most students actively sought balanced feedback in preference to feedback that exclusively focused on strengths. Most opted for face-to-face feedback conversations and service users preferred direct feedback too, with some service users seeing this as an opportunity to develop life skills such as assertiveness. There was evidence that service users gave predominately positive feedback, although half cited at least one area for development. Although service users receiving no training in the provision of feedback, students reported there were no examples of harshly delivered or unfair feedback.

Despite talking about a potential 'go-between' role for mentors, students opted not to use mentors as a conduit for feedback, viewing the feedback conversation as private. Mentors assisted with the selection of potential service users and, where students' learning was shared with mentors, this aided their role as assessors, supporters and facilitators of learning. Furthermore, students' attitude towards and approach to the task of asking for feedback provided useful information for mentors about students' individual profiles and developmental needs.

In relation to the research component of the project, the participatory research approach was experienced by all as refreshing, genuinely adding value to the quality of the research. There was a good correlation between effort and impact. Despite its inherent 'messiness' and difficulty, new ways of working were arrived at and the process resulted in learning about self as well as contributing to substantive and process findings. Although there were initial reservations about whether nurses and service users would be able to work together in a way that transcended custom and practice, participants reported that, for the most part and over time, they became 'freed up to be themselves'.

Discussion of process findings resulted in new understandings being reached in relation to degrees of participation, including the balance between the executive position of the lead researcher and an emphasis on democracy. It is concluded that this balance is situation-specific and best negotiated with participants. The crucial role of reflexivity and transparency in this approach is clear. In retrospect, it is suggested that applications for ethical approval for action research might best be principle based, outlining a spectrum of ethical safeguards rather than concrete measures to be taken. Payment was not found to be particularly important to service user participants in this study, as other motives took precedence. However, the initial number of volunteers recruited quickly reduced to a stable, smaller group and the views of those who left remained unknown.

Key literature relating to service user engagement in research is divided on the extent to which service users should be involved. Some authors argue that there are clear practical and philosophical advantages to maximising involvement in every aspect of most research projects. Other literature suggests a more considered approach. As outlined in the Discussion Chapter, the findings of this project support the latter position. **It is recommended that:**

- The degree to which service users' participate in educational and research initiatives should be negotiated rather than prescribed, to enable contributions that target service user efforts and provide a good match with their individual resources.

Reflection on the substantive findings has resulted in the acknowledgement of the tensions and 'mixed messages' inherent within the domains of the mental health service, higher education and research. These are potentially very confusing and can contribute to cognitive dissonance, resistance and distress. Exploration of the impact of

this initiative on students has resulted in increased understanding of some potential underlying issues. The need for nurse educationalists to work hard to support students to develop their self-awareness, resilience and a better grasp of threshold concepts such as the recovery model has been recognised. However, this has resource implications in terms of the need for small group working and one-to-one contact between students and their personal tutor. There may be mutual benefit in using senior students to facilitate group reflection in more junior students.

Connections have been made between the issues facing and theory relating to these three domains, recognising the scope for useful cross-fertilization of skills and concepts. The conceptual framework relates to the relationship between three connected components: power, knowledge and action. This research has demonstrated that change in one part of this interconnected system has resulted in changes in the other components.

This research adds to the small body of evidence relating to service user involvement in assessment. Faced with the NMC (2010) requirement to develop curricula with this as a component, nurse educationalists may benefit from the insights derived from the findings of this project. In the light of the complexities uncovered in relation to student vulnerability, the positive experiences of grassroots service user volunteers and the potential for student and practice development, the approach used in this project offers some useful pointers. The value of formative assessment (in the form of feedback from service users at the point of service delivery) has been realised and nurse educationalists may choose to add this approach to the repertoire of options for service user involvement. Other advantages include the avoidance of over-reliance on a small group of service user volunteers and, despite some challenges, this approach to involvement has not been experienced by any of the participants as tokenistic. Tokenism and a lack of evidence relating to optimum approaches and outcome is a concern for many educationalists attempting to implement the NMC requirement.

The findings from this research project have resulted in greater emphasis being placed on the potential contribution an educational initiative can make to the realisation of a common service delivery goal - to adopt a recovery approach to practice. Asking service users for feedback helps to create a learning environment which demonstrates commitment to collaborative values. This emphasis is not prevalent in related research literature and is therefore particularly worthy of dissemination. **Hence it is recommended that:**

- feedback from grassroots service users should be incorporated into nursing curricula, in part because in doing so the underpinning attitudes, relationship dynamic, self awareness, courage and skills needed by students, enhance contemporary nursing practice and employability.

However, this project also provided evidence that the cultural adjustment required in order to achieve this can be challenging, particularly for less confident students. Although this has been reported in similar projects, key literature does not often provide evidence of how students might be supported to overcome this difficulty over time, developing deep and transformative learning as a result. **To this end, it is also recommended that:**

- Students are thoroughly prepared. Most grassroots service users will need convincing that balanced feedback is genuinely sought and, if this message is successfully communicated, most will be able to give it. Therefore how feedback is sought is crucial.
- Nurse educationalists should make it clear to mental health students that their chosen field is full of 'mixed messages' and therefore they need to learn to adopt an inclusive approach in which 'many truths' are recognised. To this end, they should be helped to be critical of the dominant discourse.
- Facilitated group reflection can make a positive contribution to students' development over time.

Furthermore, the involvement of grassroots service users in this way has provided an example of a 'bottom up' change to complement other change management approaches which are often more 'top down' in nature. In this instance, a cultural shift has been encouraged through supporting students to adjust to forming more reciprocal relationships with service users and by enabling students to learn from, rather than about, service users.

6.3. Reflection on methodological considerations

In terms of the limitations of this research, it is important to recognise that this contextual study took place in a small community and was necessarily small-scale. All participants volunteered to be part of this project and no claim is made that their views and experiences are representative of larger groups. The initial group of volunteer PARG participants quickly shrunk by half and the reasons for this remain unknown. The existing 'insider' nature of relationships between participants proved both advantageous and disadvantageous. For example, at times close relationships appeared to enable exploration of difficult issues. Conversely, the legacy of teacher-student and nurse-service user power differentials may have engendered an eagerness to please (or indeed other dynamics) which could have shaped contributions. Despite remaining alert to these influences, they are impossible to quantify with certainty. In addition, participants were interviewed by me. In spite of my efforts to be reflexive, this may have introduced bias. On reflection, some minor changes in approach would be adopted were a similar project to be attempted in future. With the benefit of hindsight, I could have enlisted a colleague (with a more remote connection to students) to facilitate the reflective group interviews with students. However, I would not have wanted to do this in relation to the PARG, as working together in new ways constituted part of the aim.

Several commentators (e.g. Bailey 2005 and Caldon et al 2010) warned of the importance of training for service users in order to improve their confidence in

articulating their different, but equally important perspectives. In this research, this was only briefly attended to and this lack of preparation potentially constitutes a limitation of this study. In part, this decision was driven by a desire to avoid the pitfalls inherent in creating a teacher-pupil dynamic, but the adoption of this stance risked disempowerment due to a lack of training. However, equally, there was a valuable sense in which we were learning together. The first PARG meeting in which ground rules were negotiated could also have aimed to help participants to begin practising expressing their views, perhaps using a light-hearted experiential exercise similar to those used in teambuilding workshops.

6.4. Suggestions for further research

This study has demonstrated that there is scope for further research into ways of preparing students for the development of relationships between mental health nurses and service users which embody the principles of the recovery model. Furthermore, nurse educationalists would benefit from better quality guidance about how best to support students to develop the self awareness, resilience and reflexivity needed to undertake transformative learning. Research into the optimum strategies for assisting students to manage the mixed messages and tensions inherent in mental health practice would be welcome. Further research into the ways in which mentors might use information about students' ability to ask for and use feedback to assist them in their role as teachers, supporters and assessors is recommended. It is suggested that research into the feasibility and effectiveness of preparing more 'senior' students to facilitate reflective group supervision for more 'junior' students is warranted. Finally, there is scope for more research into how formative feedback from grassroots service users might be extended to other fields of nursing and to allied professionals.

6.5. The impact of the project on my role

The new knowledge and insights gained from this research has resulted in some clear

implications for my professional role as an educator of practitioners. I have shared key findings with my close colleagues in education and in mental health practice. I am currently working with practice colleagues to arrive at a more joined-up agreement of the models we are collectively aspiring to. It is hoped that this will reduce the confusion emanating from mixed messages experienced by students and staff locally.

My practice, and that of my fellow lecturers in mental health nursing, has become more sensitive to the impact of the tensions exposed in this research on students. We now proactively encourage discussion about these issues. Together, we are building an increasingly overt emphasis on the development of student self-awareness and resilience into the curriculum and the selection process. The former is achieved through experiential learning, through fortnightly facilitated reflective groups and through the allocation of a named lecturer to each student to support personal, professional and academic development. The latter is achieved through questioning at interview and in structured reference requests. I have become more alert to the potential for cross-fertilization of theory and practice between mental health and education and, as a group of mental health lecturers, we have reflected on this in our peer supervision groups, usefully applying this concept to dilemmas arising. We have found this has also made a contribution to the prevention of deskilling in relation to our therapeutic skills.

I have written an assessment strategy for the new curriculum being delivered which puts increasing emphasis on formative assessment and have persuaded our partner university to encourage students to ask service users for feedback. The findings of this research will be formally presented to our partners now that the thesis is complete. It is hoped that they will take the next step and implement a feedback system similar to the one devised and evaluated in this research. Beyond this, articles relating to process and substantive findings will be written in preparation for national and international dissemination through a peer-reviewed journal and conference presentation.

Gaining more experience and expertise in participatory action research has prepared me for an expansion in my current role. I would now feel prepared to offer supervision to Master's degree students wishing to use this research approach. I hope the availability of such support locally will encourage more research activity and thence service development.

Lastly, based on new insights gained from this research, I am confident that, although it requires adjustment and self-awareness, it is both possible and mutually beneficial for nurses to share power with service users. Armed with these insights, I acknowledge a privileged position in that my role as lecturer in mental health nursing allows me influence over the next generation of mental health nurses. As such, I will seek to prepare students to develop more reciprocal relationships that better harness service user expertise.

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APPENDICES

Appendix 1: Excerpt from reflective diary relating to personal pre-understanding

My Preconceived Ideas: 12.08.09

This is my starting point. I believe that service user involvement in the assessment/review of student nurses' ability to make therapeutic relationships is a good thing, philosophically. I believe that, although it may be complicated and hard to refine, in the end it will be possible and worthwhile. I believe it is primarily about the culture of the mental health service. Based on my experience elsewhere and locally, I recognise that I do not hold the culture of local services in high esteem, although I would qualify that by stressing that I do admire pockets of good practice. I tend to assume that my attitudes are more 'cutting edge' than those of most of my colleagues and that I have a vision (which I partially succeeded in adhering to as a practitioner) of a mental health service with a different, better culture.

That sounds rather arrogant, there's probably too much certainty and judgement there. (I feel uncomfortably narcissistic about this process and yet intellectually I know it is necessary). There is a risk that I could dismiss counterarguments or inadvertently mould responses/results because I am not setting out with a neutral stance. Is it possible that, as an academic, I have insidiously begun to live in an ivory tower, divorced from the reality and priorities of everyday mental health practice? I think this accusation is probably levelled at me from time to time, that there is an associated possibility that I will be seen as a threat, which could affect any attempt I make to change things.

I expect to face an uphill struggle trying to persuade colleagues that my research is worthwhile. In addition, service users, especially longstanding service users, might have been socialised into a somewhat disempowered and passive role. I hate to admit it but perhaps my grandmother was right when she said my research was idealistic.

In some ways (in the world of the Institute) I have too much power to participate in this research collaboratively – so should I even try? Is it best to aim high or is it best to be honest and not dress this up as anything other than what it is? Lots of questions. In other ways (in the world of mental health practice) I feel extremely disempowered and imagine that I could be stonewalled by key practice colleagues. Access, access, access.....

I am experiencing emotional arousal right now – mostly fear, but also interest/motivation and 'bring it on' thoughts. Fight or flight, I wonder which will prevail? Will I use the fact that I am too busy to flee? I know I can have a tendency to put things off and that I could justify flight intellectually (work-life balance, high pressure job, absent colleagues etc).....but if I did flee I would regret it. And what is that all about?.....

Will I be able to develop my own voice? (at the moment I feel rule bound, but to be more free feels quite liberating, like the promise of fresh air). Everything I read about research seems to fit with/ have relevance to my own plans and surely that can't be true! "Oh it's critical theory, no it is grounded theory, inductive....no deductive" What a thinking maze, with many dead ends I suspect... Courage!

Appendix 2: Submission to the Ethics Committee

Ethics Committee Application **December 2009**

Summary of the Project

A search of relevant literature provides legitimacy to the idea that the involvement of service users in the provision of feedback about student mental health nurses' interpersonal competence has merit. There are sound educational, professional, clinical and political reasons for this. However, the literature also suggests that the issues are ambivalent and complex and there is a dearth of literature on the subject of whether this is achievable.

The proposed project, undertaken as part of a Doctorate in Education (with the Open University), intends to build on the findings of a previous project, undertaken as part of a Master's degree (with the University of Greenwich). Completed in Guernsey in 2006, the first project investigated the views of stakeholders (students, mentors, service users and lecturers) on the possibility of asking mental health service users to assess student mental health nurses' ability to form therapeutic relationships.

The findings of the first project pointed to measured support, warranting a next step – implementation of the concept into practice. Therefore this second study is informed by the first, but also modified as a result of a recently conducted search of the literature. It aims to evaluate the introduction of a mechanism enabling mental health service users to provide feedback on student nurses' interpersonal competence.

The nature of both the research question and the context in which the research will be undertaken fit well with the interpretive paradigm. This is in the light of fact that, if approved, the research will be a small scale study, seeking to reveal rich human detail within a complex environment in which the lead researcher is a participant. The study also seeks to implement, develop and evaluate a change in practice. As such, it will be incorporate the best efforts of the researcher and participants in working together to generate new knowledge, problem solve and transform the situation. For this reason it is proposed that an action research approach is taken. As this approach is dynamic and iterative, a provision of a precise map of the research journey would be neither possible nor appropriate as each phase of the action research cycle will be informed by the findings of the previous cycle.

It is intended that an initial study be undertaken this spring with the aim of helping to 'firm up' the proposed research methodology for the main study. This initial study will entail the formation of an action research group, to which key stakeholders will be invited.

The aim of the main study (which will be undertaken later in the year), will be revisited and possibly modified following the initial study. However, 'working' objectives for the main study entail planning, evaluating and amending a mechanism for gaining feedback about student nurses' interpersonal competence from service users in Guernsey. The help of the action research group will be harnessed for this purpose. It is for this initial study that I am seeking ethical approval. As the results of the initial study will guide the shape of the main study, I intend to reapply for ethical approval relating to the main study once I am in a position to provide more detail.

Detailed Protocol for the Project

Project Title

'An evaluation of a project involving service users in the provision of feedback on student mental health nurses' interpersonal competence'

The Researcher

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Aims and objectives of the project

The broad research question, inherent in the project title, may be subdivided into the following component questions:

- What are the advantages and disadvantages of asking for feedback about interpersonal competence (for the assessment of competence, for the student and for the service user)?
- Do the participants judge that the safeguards put in place are sufficient?
- What are the problems involved in the implementation of this concept?
- How can the system adopted in the first stage of the research be improved upon through subsequent cycles of action research?
- Do the benefits of this project outweigh the difficulties
- Is this concept worth implementing?

The Rationale for Conducting the Project

Competence in building therapeutic relationships is essential for student mental health nurses as it is a necessary precursor to any other formal therapeutic approach (Sainsbury Centre for Mental Health, 2001) and its quality is a clear predictor of outcome (McCabe & Priebe, 2004). It follows that this competence requires robust assessment. However, the assessment of such complex skills is problematic due to a number of factors. For example there is controversy over the extent to which interpersonal interaction is observable (Chapman, 1999), over the reliability and subjectivity of workplace assessment tools (ENB, 2000) and over the existing tools' ability to discriminate (Giot, 2000). What is more, there is plenty of evidence to suggest that nurses' assessments of service users' views, perceptions and needs often lack accuracy (Löfmark et al, 1999). This, coupled with the evidence that there is a strong relationship between the service user perception of the therapeutic relationship and its effectiveness (Cape, 2000), lends legitimacy to the question of whether mentors can assess this particular competency confidently without feedback from service users. In addition, Norman et al (2000) highlighted the need to explore the feasibility of better triangulation of the assessment process through the use of contributions by service users.

Following in the wake of policy directives exhorting increased service user involvement (NMC, 2005) there is much evidence to suggest the benefits of mental health service user involvement in terms of empowerment (Norman et al, 2000), even if the process of empowerment is not without complication (Edwards, 2000).

Pulling together this literature adds legitimacy to the idea that the involvement of service users in the assessment process could be desirable from educational, professional and clinical perspectives. However, there was a dearth of literature on the subject of whether this is achievable (O'Keefe, 2001). Two studies that have attempted to involve service users in the assessment of competence (Twinn 1995; Morgan & Sanggaran 1997) showed that a combination of benefits and obstacles emerged, although, on balance, the benefits appear to have outweighed the difficulties. As the literature also suggests that the issues are complex, I recently undertook a master's level research project which took the first step and investigated stakeholders' (students, mentors, lecturers and service users) views on this subject (Speers, 2008).

The study's findings provided a warning that, were such an initiative to be undertaken, some opposition would probably be experienced and some logistical problems encountered. On the other hand, the findings also pointed to sufficient goodwill and

enthusiasm, at least from those who volunteered to be part of the study, to support a 'next step'. What participants' deliberations tell us about any 'next step' is that it must be very carefully considered, involving a choice of methods and safeguards. Some useful concrete suggestions about the implementation of this concept were put forward and these suggestions are sufficiently detailed to inform a future pilot in which the idea is implemented and its advisability and practicality is evaluated.

Very recently, research findings published by Stickley et al (2009) indicate that a minor adjustment in focus is warranted. Their findings highlight that the assessment per se of student nurses by mental health service users is ill advised and intimidating to both groups within the cultural context of the current service. However they go on to suggest that learning from service user feedback could and should occur from the requirement of evidence supplied by service users in support of achievement of competence and through feedback solicited through collaborative working and engagement. Thus it is hoped that this proposed EdD research project, informed by others' research findings, will build upon the master's study.

Methodology

For the reasons articulated in the project summary, an action research approach will be taken. Change will be implemented, evaluated and further refined with the help of stakeholders involved in the action research group. As a result of this process, knowledge will be generated and practice amended.

The initial study will entail the recruitment of the action research group. This group will be made up of:

- Mental health service users
- Recently graduated student nurses
- Mentors
- Lecturers

Guidelines for group conduct will be collaboratively agreed at the first meeting of the action research group.

Project setting

The action research group will meet to conduct their business in suitable convenient accommodation which allows for ease of access and privacy. The MIND Centre is one option.

Number of Participants to be Recruited

Numbers can only be approximate. The 'stakeholders' invited to join the action research group will be made up of volunteers from a maximum of 9 students, a maximum of 3 recently graduated students, a maximum of 2 lecturers and similar numbers of mentors and service users volunteering from a larger potential pool.

Method of Selection of Participants and Consent

No potential stakeholders will be excluded and all will be volunteers who have chosen to opt in to the study. All will have been provided with sufficient information to ensure their consent is valid.

Service Users:

As mental health service users will form a proportion of the stakeholders and mental illness can sometimes affect capacity to consent, the method of recruitment of service users (see below) will ensure that the focus is on those whose capacity to consent is not in doubt.

However, as service user participants are likely to be involved in this project over time, even if they have been assessed as having the capacity to consent at the outset, it is possible their capacity may fluctuate thereafter. A contingency plan is necessary were this to happen. There is evidence to show that a formal, ad hoc reassessment of

capacity could lead to a sense of rejection and a loss of trust. Therefore, it is proposed that an ongoing sensitivity to service users' levels of distress (on the part of mentors, students and myself) would pose a more appropriate protective approach to this potential problem. In other words, assisted by considerable experience as a mental health practitioner, if I have any reason to suspect that an individual service user's capacity has deteriorated then that person's involvement in the research would be suspended for as long as necessary (and no longer). This would be achieved in a gentle and non-abrupt manner and the opportunity to debrief would be offered. Because the underlying tenet of this project is 'research with' rather than 'research on' the participants, the necessary engagement with and consequent knowledge of the participants represents an additional protective factor. Furthermore, I will ensure that I have access to reflexive supervision for the duration of the project in order to enhance my own self awareness and scrutinise my own motives and conduct. In summary, a flexible, service user-centred approach to the timing and nature of the research activity will be taken.

Ex-students, mentors and lecturers:

Ex-students, mentors and lecturers who have opted in to the project will be fully briefed. Clear information, written in plain English will be provided to supplement that given verbally. Preparation, transparency, clarity and collaboration will be key ingredients of this process.

Students:

In the light of the marked power differential between lecturer and current students, I plan to invite students who had completed their training recently to participate in the action research group. The rationale for this is that, whilst they are likely to have retained a sense of student issues, they are under less obligation to me than current students might be.

The Identification and Recruitment of Participants and the Selection Method

The power imbalances inherent in the teacher-student and nurse-patient relationship exacerbate the risk of participants feeling pressurised to take part. Mindful of this, the following protective measures will be taken:

- All eligible participants (except service users) will initially be approached by letter. The thinking behind this is that it is easier to ignore a letter than a personal approach, particularly when the researcher is known to the potential participant.
- All potential participants approached will be reassured that there will be no adverse consequences if they do not opt in, that they will not be approached again and that they have the right to withdraw from the project at any time.
- The first step in recruiting service user participants will be through the existing Institute of Health and Social Care Studies service user group. At this meeting, routinely held approximately quarterly and next scheduled for January 2010, the aims of the research will be explained, again in plain English. The rationale for this approach with this particular stakeholder group centres on the premise that a friendly introduction, not individually targeted, might be less alarming than a letter. Interested participants will be invited to make contact at some point after the meeting. In this way, service users would be time to consider and discuss their decision, thereby reducing the risk of coercion. Those expressing interest would then be sent a letter containing sufficient, plainly written information about the project to ensure that, should they then decide to opt in, their consent would be valid.

Potential Hazards to Participants

The ethical principles with the most potential to be compromised in this research are autonomy and non-maleficence (avoiding harm). Whilst most of the risks have been

addressed in the above two sections, the potential benefits have been given relatively little attention.

Potential benefits for service users:

This research has the potential to have emancipatory and therapeutic components for the following reasons:

- There is evidence to show that the inclusion of mental health service users in collaborative research can assist them to reclaim a meaningful role and a positive sense of self in relation to psychiatric disability
- The Department of Health supports the notion that greater involvement of service users in the research process is needed in order to understand the lived experience of an 'oft silenced' group.
- The concept of 'recovery' is central to contemporary mental health services. Open communication and respectful collaboration are critical to the process of recovery.

Potential benefits for student mental health nurses:

This research has the potential to benefit students as follows:

- Engagement in this research has the potential to enhance learning and interpersonal skills.
- Asking service users for feedback on aspects of their performance provides a good fit with the principles students are asked to espouse in theory but sometimes experience as lacking in practice.

Giving mental health service users more of a voice, along with the adoption of a more collaborative approach has the potential to create cultural change over time. Although this change may be experienced as threatening by some, with support and careful management, it is possible that both those who work and those who use the mental health services could benefit.

Confidentiality and data storage

Access to health records will not be required. Service users approached will already be in a health care setting and therefore their home contact details may or may not be supplied, according to an individual's wishes and without recourse to health records. All research material will be kept in a locked filing cabinet at the Institute of Health and Social Care Studies and the names of all participants will be kept separately from other data. All participants will be 'de-identified' and the research setting will remain anonymous when the study is written up. All participants will be able to see the completed research project if this is their wish.

Sponsorship

There will be no external sponsorship. This research is being undertaken as part of a Doctorate in Education, sanctioned and part-sponsored by the Institute of Health and Social Care Studies.

The presentation of results

In the first instance, the study will be written up as a doctoral thesis. However, a user-friendly synopsis of the project will be created for the purpose of disseminating the findings locally and it is hoped that the findings will be accepted for publication by a professional, peer-reviewed journal. It is also intended that the findings will be presented at conference.

The findings from my master's study have already been presented at conference and published in 'Nurse Education in Practice' and, for your information, I have attached a copy of this article to this application.

Information for participants

Enclosed is a copy of a draft letter to be sent to potential participants in the action research group (the setting up of this will constitute the initial study). Information supplied further down the line will be submitted with the next application to the ethics committee, which will precede the main study.

Enclosed

- Proposed letter to be sent to potential participants in the initial study
- Further written information to be provided to interested potential participants in the initial study
- Letter of support from my supervisor, Professor Judith Lathlean of the University of Southampton
- CV
- Published master's research findings

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Summary of learning

This summary relates to feedback given to me by.....(first name only)

What happened?

What was the gist of the feedback?

What did I learn?

Appendix 4: Ethical approval



HEALTH AND SOCIAL SERVICES

A STATUTE OF THE GUERNSEY GOVERNMENT DEPARTMENT

IJG/C5.4

Mrs J Speers
Lecturer in Mental Health Nursing
Institute of Health and Social Care Studies
Princess Elizabeth Hospital
Rue Mignot
St Martin's
GY4 6UU

Health and Social Services
Corporate Headquarters
Rue Mignot
St Andrew's, Guernsey
GY6 8TW
Tel: +44 (0) 1481 725241
www.gov.gg

22 July, 2010

Dear Mrs Speers

A PROJECT TO FIND OUT WHETHER FEEDBACK FROM SERVICE USERS CAN HELP STUDENT NURSES GROW BETTER PEOPLE SKILLS

Thank you for your letter, dated 20 June, 2010, and the revised study documentation / supporting information in respect of the above research study, which were as follows:

- i) Poster for service users;
- ii) Poster for staff;
- iii) Information page and consent for service users;
- iv) Questionnaire;
- v) Information leaflet and consent form for mentors;
- vi) Guidance on explaining the project to service users;
- vii) Information leaflet and consent form for students.

As stated in my letter, dated 11 June, 2010, the revised documents were circulated to lay members and the Vice Chairman for approval and I can confirm that their approval has been received. I am also supportive of the revised documents and this was reported at the Ethics Committee meeting held earlier today.

In light of the above, I am pleased to advise you that the revised study documentation and supporting information has fully addressed the matters raised by the Ethics Committee on Thursday 11 June, 2010 and, on behalf of the Committee, I formally confirm that full approval is granted for your research study.

POLITICAL RESPONSIBILITIES

Promoting, protecting and improving health for all through the provision of Hospital, Community, Social and Public Health Services.

In order to track progress of approved studies, the Ethics Committee would be grateful if you could provide regular progress reports for the study (at least annually) and / or a final report following its completion. This should be forwarded to Ian Gaudion, Executive Assistant (Committees), Health and Social Services Department, Corporate Headquarters, Le Vauquedon, St Andrew's, GY6 8TW

The Committee and I wish you every success with your study

Yours sincerely


pp Dr Graham Beck
Chairman, Ethics Committee

Appendix 5: Letter approaching potential student volunteers (2nd cohort)

19th September 2010

Dear member of S09 mental health branch,

As you may know, with the help of a small team (made up of some service users, mentors, ex-students and lecturers), I am currently undertaking a research project. You have the option to become involved in it during your next placement and beyond. The project involves student mental health nurses seeking feedback from volunteer service users about the therapeutic relationship they have developed between them.

Previous research suggests that, if carefully managed, asking for feedback from service users might be useful for a number of reasons. For example, it has the potential to

- help student nurses' learning
- help mentors with their teaching role
- empower service users to contribute towards the development of student nurses

However, very few studies have actually tried this out, and so this project aims to find out what system(s) could best be put in place to achieve feedback and whether asking for feedback is helpful.

Your colleagues in S07 have already tried out the first version of the system – based around a simple questionnaire to structure the feedback. The questionnaire is deliberately strengths-focused and the research group designed it in the hope that it would be mutually empowering for both service users and students. I have since asked both students and service users about their experiences and we will be making a few small changes as a result of their suggestions.

Of course, we will not be in a position to judge whether the system is effective or how it might be further improved without trying it out and then asking those involved about their experiences. This is where you could come in.... if you decide you want to take part, you would be prepared at the pre-allocation meeting and then asked to give the project team anonymised feedback about your experience around the end of the placement. This will be achieved through a discussion with other participating students from your cohort and me. This discussion would last about an hour.

Potential advantages of participation to you include the possibility that you will find the process useful to your confidence and development, and of course involvement in research projects always looks good on your CV. However, equally important is the fact that you should not feel pressurised in any way to volunteer. This is why I have chosen to write to you rather than ask you face to face. **If you are interested please let me know, by 22nd October** if possible. If I do not hear from you I will assume you would rather not participate and will not contact you again about this. I wish to reassure you that there would be absolutely no repercussions of any sort if you don't want to volunteer.

If you would like any further information before you let me know, please do not hesitate to contact me.

Many thanks for taking the time to read this.

Kind regards

Yours sincerely

Janey Speers

Appendix 6: Excerpt from reflective diary relating to power and decision making

When visiting the service user group in order to recruit volunteers, I was exposed to a phenomenon that I will have to get very used to tackling. I made a suggestion that all interested parties contact me to confirm their interest. The service user group chair then suggested that an alternative might be that all interested service users contact him and then the group would decide together who to choose from the pool. Immediately I was plunged into a difficult situation. I had stipulated that volunteers would be taken on a first come, first served basis as a protective measure against rejection. However, I could see that there was merit in the Chair's suggestion, in terms of respecting the right of the service user group to control service user issues. Even if there hadn't been merit in this suggestion (obviously this judgement is subjective), I would still have been honour-bound to treat it with respect. As the whole underpinning ethos of the research is empowerment it would indeed be ironic if I were to overrule the suggestion. I was required, without notice, to put my money where my mouth was. I handled it in the following way – by indicating that suggestions were welcome and by trying to open up the decision making process by summarising the pros and cons of each suggestion and asking the group what they thought. On this occasion they went with the first come first served option, with the added choice that interested parties could notify the chair rather than me in the first instance and then he would pass on their interest to me. In other words the outcome was a slight compromise, but largely complied with my original suggestion. The following questions occur to me:

- Did I impose?
- Did I rush the decision?
- Did I act like 'the boss'?
- To what extent am I 'the boss'?
- Was there an element of a power struggle, dressed up as civilised discussion?
- Am I prepared to change my plans in the light of discussion, even if I do not agree with them?
- Could I have handled this better?

I have learned as a result of this incident. I could have handled it better, and need to make the following changes in future...

- Slow down and don't rush – be prepared to deliberate and take time over each point raised, checking that everyone who wants to has contributed
- There is no point in having a group if I don't listen to it. Therefore I have to be prepared to be flexible and concede.
- Be transparent – talk about the process as well as the content
- Take time to reflect on both process and content after each group held, preferably with the help of supervision
- I know that one of my colleagues (according to her) has been badly treated/ bullied by the service user chair. Yet so far I have been treated with nothing but helpfulness and cordiality. To what extent is this second-hand knowledge already shaping my interactions, am I wary of this happening to me and how would I deal with it if it did? – I need to give this some thought.

Appendix 7: Ground rules negotiated

Ground rules

- We will turn mobile phones off or put them on 'vibrate '
- We will allow each other time to speak
- We will show respect for each other and for different views
- In terms of confidentiality we can talk outside the group about process (e.g. today we worked together to agree a format for feedback) but not about content (e.g. Bill talked about his experience as a student nurse and said....)
- We agree to the meetings being tape recorded, with the proviso that any of us may ask for the tape to be turned off if we are going to talk about something sensitive to us. We can also ask for a section to be wiped after the event.
- We are all equal and want to take a partnership approach
- When discussing, we will try to preserve the anonymity of people and places
- We will try to keep meetings to schedule
- We will be tolerant of each other (including eating during meetings!)

Last updated on 24.02.10

A project to find out whether feedback from service users can help you to develop better 'people skills'



Information for Students

You have volunteered to be part of a project. What is it about?

This project aims to design, implement and evaluate a way of enabling service users to give you feedback. The feedback will be about the service user's perception of the therapeutic relationship that you have built with them. This is the third time students have tried this out, and each time the project has been fine-tuned as a result of suggestions made.

What is the rationale for the project?

There are several reasons for this project:

- The central importance of the therapeutic relationship in mental health is well established. Because of this, you need to be helped to develop your relationship-building skills to their full potential. We know that constructive feedback helps learning and development.
- As relationships are personal constructs between two people, it is not easy to judge their quality as an outside observer. The feedback given by service users will provide your mentors with useful information to support their role as teachers and assessors of practice. However, it is important that we explain that this is not about passing or failing, it is about learning.
- As a mental health service, we try to listen to service users and strive to develop practice that is as collaborative as possible

Who has written this leaflet?

We are a small group of people who have volunteered to try out a new project because we

have a shared interest in improving the training of student nurses locally. We have formed a research group, made up of some service users, mentors, teachers and ex-student nurses. We meet every few months, working together to shape the course of this project.

How can I get feedback? – The choices

We know that, as student nurses, you can feel vulnerable to disempowerment - so can service users. Therefore if this project is to succeed we will need to find a system for feedback that is constructive and mutually empowering. It is also important that the project does not cause a significant extra workload for those involved.

To help structure your conversation about feedback, the project team has designed **two questionnaires** (rather like prompt sheets) to choose from. The first is for use with service users with whom you have worked closely. Each 'prompt' in the questionnaire refers to one of the 'ingredients' of the therapeutic relationship. The second questionnaire is intended to help you to get feedback from service users who you have not worked particularly closely with. The 'prompts' in this one are organised around first impressions and interpersonal skills.

You can use the questionnaires in a number of ways:

1. Firstly, you may sit down with service users and talk through the ingredients, one by one, using the prompt sheet to guide you. You could consider saying something like:
 - **“As you know, I am a student nurse and I would really like some feedback about my people skills so that I can learn from you and keep improving.....”**
 - **“Do you notice me managing to do this one well? Can you maybe think of an example?”**
 - **“Is there anything I could do or say differently to improve with this one? Please don't hold back as it will help me improve my nursing skills!”**
 - **“First appearances are very important aren't they, so do you remember how I came across the first time we met?” “How have I changed over time do you think?”**
 - **“Thank you for your help – I really appreciate it”**
2. Secondly, you might decide you would prefer not to use the questionnaire, and have a more general **“how am I doing?”** conversation instead.
3. Thirdly, the service user may choose to have a conversation with you together with your mentor (or you could even organise in a group setting if you are at the Day Centre)

4. Lastly the service user may choose to talk through their feedback with your mentor alone. Your mentor can then pass on the gist of the feedback to you and you might approach the service user at a later date to thanks them for their help.

We want you to know that it is **quite OK to use your own judgement** about how to ask for feedback. Students who have already tried this tell us that it gets much easier 'once you find your own way of doing it'.

How might I explain the project to service users?

Depending on the situation, you may want to launch the project in a group setting (for example at the Day Centre) or to approach service users individually (for example in community settings). Mostly you will launch it yourself, although your mentor would have more of a role on Albecq.

You could say something like:

- I am one of several student mental health nurses here in Guernsey - and it is really important that we learn 'the human touch'
- This project wants to find out if asking for your feedback helps us to develop better 'people skills'
- We are trying to find the best way of helping this feedback to happen and are looking for volunteers. Some of us have already asked to take part and we hope some service users will be interested too
- If you agree to take part, a simple list of prompts has been designed to help you to give feedback (by nurses and service users working together). There is a copy attached for you to look at
- You can choose to....
 - ✓ talk through your feedback with me.....OR
 - ✓ talk through your feedback with my mentorOR
 - ✓ talk through your feedback with my mentor and me together OR
 - ✓ as a group, talk through your feedback with my mentor and me together
- A bit later, Janey Speers (a nurse teacher) will arrange to meet with you at a time that suits you. She will talk with you about what your experience of using the feedback questionnaire. This will take about half an hour.
- You are completely free to say 'Yes' or 'No' or to pull out of the project at any time. The identities of all the people taking part in this project will be protected.

So bottom line, what do I need to do?

If you wish to be part of the project and your mentor also agrees, your role would be

- to help to explain the project to service users in your setting.

- to make sure you only involve service users who are well enough to understand what the project is about (ask your mentor first) and that they have consented to become involved (and signed the consent form).
- to negotiate with the service user how they would like to give feedback.
- to facilitate the feedback conversation (if they choose this option). You might jot down brief notes under each section of the list as you go along (if you want to – this is for your own use). You get to keep the completed questionnaire.
- to complete the summary of learning form and then talk about feedback given with your mentor, during your routine weekly meetings with them. This has the potential to be an opportunity for you to reflect and develop your self-awareness, confidence and skills.
- to return the service user's consent form to Janey Speers.
- to remind service users they can access support if they have an issue related to participation in the project.
- after the placement is over, to talk together with other students involved and with Janey Speers about how it went. This will take about an hour and will provide you with the opportunity to discuss your experience and perhaps make suggestions for improvements which would help guide the action research group. It will help if you can bring your completed questionnaires and summaries of learning with you, to jog your memory.

A reminder

You are totally free to decide for yourself whether you want to do this. Whatever you decide, your progress on the course will not be affected.

If you have any questions or comments, Janey Speers would be pleased to help (Tel. 707481 or ext. 4717, e-mail jspeers@hssd.gov.gg.)

CONSENT FORM

**A PROJECT TO FIND OUT WHETHER FEEDBACK FROM SERVICE
USERS CAN HELP STUDENT NURSES GROW BETTER PEOPLE
SKILLS**

I..... (please print your name)

have understood

- the aims of this project
- what joining in will entail
- that I can change my mind at any point
- that my identity will be protected

Signed..... Date.....

Your preferred contact details.....

**Janey Speers, Lecturer in Mental Health Nursing
Institute of Health and Social Care Studies, Rue Mignot, Princess Elizabeth
Hospital. GY6 8UU.
Tel. 707481, e-mail jspeers@hssd.gov.gg**

To be retained by the student

CONSENT FORM

A PROJECT TO FIND OUT WHETHER FEEDBACK FROM SERVICE USERS CAN HELP STUDENT NURSES GROW BETTER PEOPLE SKILLS

I..... (please print your name)

have understood

- the aims of this project
- what joining in will entail
- that I can change my mind at any point
- that my identity will be protected

Signed..... Date.....

Your preferred contact details.....

**Janey Speers, Lecturer in Mental Health Nursing
Institute of Health and Social Care Studies, Rue Mignot, Princess Elizabeth
Hospital. GY6 8UU.
Tel. 707481, e-mail jspeers@hssd.gov.gg**

Can your feedback help student nurses develop better 'people skills'?

Help us to find out...



Information for service users about a new project

- We have student mental health nurses here in Guernsey and it is really important that they learn 'the human touch'
- This project wants to find out if asking for your feedback helps students to develop better 'people skills'.
- We are trying to find the best way of helping this feedback to happen and are looking for volunteers. Some students have already asked to take part and we hope some service users will be interested too.
- If you agree to take part, a simple list of prompts has been designed (by nurses and service users working together) to help you to give feedback. There is a copy attached for you to look at.
- You can choose to....
 - ✓ talk through your feedback withOR
 - ✓ talk through your feedback with their mentorOR
 - ✓ talk through your feedback with the student and their mentor together
- A bit later, Janey Speers (a nurse teacher) will arrange to meet with you at a time that suits you. She will talk with you about what your experience of using the feedback questionnaire. This will take about half an hour.
- You are completely free to say 'Yes' or 'No' or to pull out of the project at any time. The identities of all the people taking part in this project will be protected.

Appendix 10: Questionnaire (long version)

Feedback about 'people skills' – longer version



Tick all that apply ✓

I have noticed this student treating me with respect

I feel this student has been honest and clear with me

I feel this student has an understanding of what my experiences have meant to me

I have noticed this student has been warm, caring, kind and sensitive towards me

I feel this student has been committed to trying to help me

I have felt this student has been reliable and trustworthy

I have felt able to approach this student and they have tried to make themselves available

I have noticed this student showing patience and tolerance

I have felt this student has listened to me

This student has noticed how I am feeling

I feel this student has accepted me as I am

When this student is with me, I have felt they have concentrated on my needs and not their own needs ☐

This student has noticed my strengths as well as my problems ☐

If this student has been with me when I have been distressed, he/she has stayed calm and been supportive ☐

If this student has used touch, it has been OK for me ☐

If this student has used humour, I felt it was at the right time ☐

Appendix 11: Questionnaire (short version)

Feedback about 'people skills' – short version



Tick all that apply ✓

My first impressions of this student were that.....

they greeted me in a friendly way and introduced themselves

they were approachable

whilst we were talking they gave me their full attention

they treated me with respect

they were warm and caring towards me

they seemed genuinely interested in their work

If you have since had more to do with this student, do you have any comments about how your first impressions have changed over time.....

a) The researcher has got the right reasons for wanting to work with you	a) Choose the type of role you play in the research
b) There is sufficient funding to make a meaningful contribution	b) Bring your own ideas and values to the research
c) You have enough information to make a meaningful contribution	c) Work in ways that suit you
d) The way in which the researcher works with you is supportive	d) Gain status, expertise or credibility because of your involvement

Appendix 12: Questionnaire aiding interrogation of and reflection upon research experience and relationships

Personal factors

1. Your ability

To what extent do you feel you are able to.....?	0 (not at all)	1 low	2	3	4 high
a) Access research resources (eg money, facilities, information)					
b) Achieve your own goals through research					
c) Make a contribution to the research					
d) Make decisions on how to do the research					
e) Express your views about research topics					
f) Discuss research issues					
g) Take on new research challenges					

2. Your potential

To what extent do you feel there is potential for you to....?	0 (not at all)	1 low	2	3	4 high
a) Choose the type of role you play in the research					
b) Bring your own ideas and values to the research					
c) Work in ways that suit you					
d) Gain status, expertise or credibility because of your involvement					

e) Identify and organise your research ideas and priorities	
-------------------------------------------------------------	--

3. Your sense of being

To what extent do you feel....?	0 (not at all)	1 low	2	3	4 high
a) Valued as a partner, not controlled					
b) Enabled (rather than constrained)					
c) Empowered (rather than exploited)					
d) Consenting (happy to be involved) rather than coerced (unhappy about it)					
e) It is acceptable that different people have different responsibilities and decisions to make about the research					

Research contexts

4. Research relationships

Thinking about research relationships, to what extent do you think...?	0 (not at all)	1 low	2	3	4 high
a) The researcher has got the right reasons for wanting to work with you					
b) There is sufficient funding to make involvement work					
c) You have enough information about involvement					
d) The way in which the researcher works with you is supportive					

e) The way in which the researcher communicates with you is supportive	
f) The types of goals that the researcher wants are what you want	

5. Ways of doing research

Thinking about research itself, to what extent do you think...?	0 (not at all)	1 low	2	3	4 high
a) there is a clear role in the research for you					
b) the skills/experience needed for the role are clear to you					
c) the responsibilities for the role are clear to you					
d) you are aware of the legal and ethical 'rules' for doing research (e.g. confidentiality)					

6. Research structures

Thinking about research organisation, to what extent do you think your involvement is ...?	0 (not at all)	1 low	2	3	4 high
a) not just part of a project, it is valued as part of the work of the organisation					
b) supported by research ethics and governance systems					
c) helped because of research structures (networks, links with other studies etc.)					
d) noticed and recorded as part of the work of the research organisation					

From: Morrow,E., Ross, F., Grocott, P., Bennet, J. (2010) A model and measure for quality service user involvement in health research. *International Journal of Consumer Studies*. vol.34, p.532-539

Appendix 13: Data analysis – coding example

De-identified excerpt from group interview with 2nd cohort of students 17th January 2011

LR 'just to start then can you just explain to us where you were and what the approach was that you and your mentor decided to use'.

S9 'Well I was on We left it to the last minute, which was not really the best option really because a lot of people I could have got feedback from had left by then so it was impossible. I found it hard doing it because we weren't meant to show the people these tick points, for one person I did and for one person didn't and I found that with the one person I did it worked better.

LR 'Ok that is interesting because I think we removed the tick forms for students only thinking that the type of clientele we might have might find the tick forms difficult, because by definition they are usually more acutely unwell, so I think that is a change that the last group recommended. Are you are saying that in your experience you needed some sort of structure to it?

S9 'I did, but the people that I did it on were generally - one woman I used it on was about to be discharged so she was well, she was very well, so in her case I used it and I found it worked really well. The other lady I didn't use it because we decided not to, so I don't know how it would have worked with her.

LR 'So in a minute we might talk about what went well and what didn't go well into those two experiences. Just before we start can I ask you a bit more about 'leaving it to the last minute'. What was that about do you think?'

S9 'I think it was just about time for myself and my mentor to actually sort of find a time to do it and bring it up in the meeting and a time when we were both on an early shift and when either I was not on holiday or he wasn't on holiday, and at a time that I felt comfortable that I knew the ward and I had been there long enough to feel that I could get feedback from them.

LR 'So of those two factors, one of which was just the practicalities of you and being together at the right time to mention to the meeting and the other factor was you feeling comfortable enough to do that because you know you had been there long enough and you knew the ropes; which of the two do you think was the most influential?

S9 'I think if I felt more comfortable earlier on I would have pushed to do it...'

JS 'So it seems as if one of the things that stopped you from getting stuck into this early on is the need to adjust to the environment, to feel part of it, to feel confident and then that makes you more likely to do it once you feel better on your placement, is that right?

S9 nods

LR 'S8, I'm just wondering whether listening to Jess has any resonance for you, or perhaps you see things differently?'

S8 'Well I was going to do it on the last two weeks of the placement and that was when I was off sick. At the there are so many service users - but actually getting to know people, being able to build up a therapeutic relationship, does take quite a bit of time. Because they are not there every day, you don't see them so that is why I was

going to leave it until then, because I don't want to start asking questions to someone I have only really met two or three times....'

LR 'So for your clinical environment, where you have got people coming in twice a week or three times a week or whatever, it takes longer to build up a special relationship to ask people about.....have I got the right end of the stick?'

S8 'Yes, I did speak to some people that knew about the project and thought it was a good idea, but I didn't see them often enough to get a chance to do it.'

LR 'And do you think if you had of been there for the last two weeks that you would have felt able to talk to one or two people about it, or not?'

S8 'Yes I would have liked to, because I would like to know how I got on..... because I did have some feedback from people but not structured feedback, just like comments and stuff so it would be nice to have more of that.'

LR 'And so just for a moment before we return to S9's experience, that feedback that you had from people - could you tell us a bit more about how that came about?'

S8 'Well I just said something at the end of a group therapy session, saying how useful it was for me listening to people's experiences and how it helped me learn more about, you know, mental health problems, and also because people give advice based on their own experiences. That is really useful for me to be able to take and use in the future for future patients. I had someone come up to me after and say that was really useful and then they said 'could you say that again in another group so people can hear that weren't in the previous session?' and then after everyone was outside having a cigarette and the person who asked me to say it again came in and said everyone is talking about you outside saying how useful it is to know your point of view and it kind of gives us a lift to see how much we are helping you and how much we can help develop you and you can help other people.'

LR 'It sounds if that experience of getting positive feedback from the service user (about something you have said that they liked) was good for you? What impact do you think it will have on your future behaviour?'

S8 'I think it highlighted the importance of letting people know my role as a student and how they are actually helping me - because it might seem for some people at the beginning that I'm just sitting in the group listening, but they don't realise the impact that their experiences actually have on me as a student and how much I learn from it.'

JS

So you might be more likely to say something in the future in a group situation about what you have learned and to thank the group for helping you to learn and develop, as a result of getting that feedback?

S8 'Yeah, yeah'

LR 'So how would you sum up the service users' feelings (as much as you can ever speak on behalf of someone else) about the sense of having helped you, instead of the other way around (if you see what I mean)?'

S8 'Well, I was told that quite often that the person I spoke to had had depression, and they say that it is really nice to have something to give them a lift, so they leave the group feeling a bit better about themselves. So they said that they kind of left the group on a bit of a high, with the knowledge that they had done something positive.'

LR 'So, in the sense if this project is about you getting help from service users with your development, then that is something which doesn't just help you it helps them too, potentially, because they feel better about themselves because they have contributed something which is being constructive for someone else.

S8 ' Yes, exactly!'

KEY POINTS MADE (copied and pasted)

Information relating to participants' experience of the feedback system
Process issues related to the PARG
Possible learning regarding the conceptual framework
Possible learning about research methods
Issues for reflection / critical analysis
Discuss with Supervisor(s)

I found it hard doing it because we weren't meant to show the people these tick points, for one person I did and for one person didn't and I found that with the one person I did it worked better.

Are you are saying that in your experience you needed some sort of structure to it?

one woman I used it on was about to be discharged so she was well, she was very well, so in her case I used it and I found it worked really well.

and at a time that I felt comfortable that I knew the ward and I had been there long enough **

actually getting to know people, being able to build up a therapeutic relationship, does take quite a bit of time. Because they are not there every day, you don't see them so that is why I was going to leave it until then, because I don't want to start asking questions to someone I have only really met two or three times.... **

because I would like to know how I got on..... because I did have some feedback from people but not structured feedback, just like comments and stuff **

Well I just said something at the end of a group therapy session, saying how useful it was for me listening to people's experiences and how it helped me learn more about, you know, mental health problems, and also because people give advice based on their own experiences. That is really useful for me to be able to take and use in the future for future patients. I had someone come up to me after and say that was really useful and then they said 'could you say that again in another group so people can hear that weren't in the previous session?' and then after everyone was outside having a cigarette and the person who asked me to say it again came in and said everyone is talking about you outside saying how useful it is to know your point of view and it kind of gives us a lift to see how much we are helping you and how much we can help develop you and you can help other people. **

I think it highlighted the importance of letting people know my role as a student and how they are actually helping me - because it might seem for some people at the beginning that I'm just sitting in the group listening, but they don't realise the impact that their experiences actually have on me as a student and how much I learn from it.

the person I spoke to had had depression, and they say that it is really nice to have something to give them a lift **

Notes made for PARG – to supplement reduced data

Key points made by students

It was more useful to use the questionnaire to structure the feedback, rather than just to ask an open 'how am I doing?' question (on).

Also on, it was easier to wait until clients were nearer to discharge because

- a) Their mental health had improved
- b) The chances are that students would have spent more time with them and therefore the client had more to 'go on'.
- c) The student felt more confident as the placement went on.

Confidence seems important.....

At the it was also better to wait until towards the end of the placement, as service users come and go and it takes time to make therapeutic relationships with them.

In both venues, students felt reluctant to ask for feedback too soon, in case there was not enough to go on. However, they also acknowledged that it might be useful to ask earlier, as first impressions are also important. (Contradicted themselves a bit here – let's talk about that).

Also at the....., one student thanked service users for what they had taught her at the end of a therapeutic group. The response she got was really encouraging, with service users saying that she had given them a real lift by showing that she was learning from them, and asking her to do this more often. The student on agreed, saying that it was her perception that the service users who gave her feedback were pleased to have been asked.

On this occasion, students relied on mentors to raise the possibility of giving feedback with service users, either through a group announcement or through approaching them directly.

The students thought the option of mentors getting feedback (and then passing on the gist in a constructive way to the student) may have been underused. They thought one advantage of this option was that service users might feel more free to give more honest feedback. None of them have tried this out yet though. They also recognised a disadvantage in that students would not have the chance to thank service users for their help. They suggested that if mentors did this, students should 'close the loop' by talking to the services users about it later. The two students who 'had a go' valued the face-to-face contact very much.

The page provided for students to write in a structured way about their experience of giving feedback was unclear and unhelpful. The bit about action points smacked of something remedial! Although a good idea in principle, something better needs to be designed. They suggested something along the lines of.....

- What was the experience of asking for feedback like?
- What was the gist of the feedback I got?
- What have I learned from this?

One student found dealing with (only) compliments about her uncomfortable. She dealt with this in three ways:

- a) She started by saying 'I want the good things and the bad things because it's going to help me develop, so don't hold back or anything!'
- b) She altered the way she asked for feedback, adding questions which asked for
 - examples of good practice
 - information about exceptions, for example "oh, has there ever been a time where you feel that I haven't been so respectful?"
 - help with ideas about 'room for improvement'
- c) She thanked the service user for her help at the end of the feedback conversation, outlining what she had learned.

After some discussion, all the students agreed that they did not need to be protected as much as they had been, saying that, in a weird

way, it was more empowering to ask about negatives, as well as positives.

All the students found it difficult at first to adjust to the idea that they were asking for help from service users, rather than the other way around. They added that it got easier with practice. They suggested that it would be useful to warn students about this, and let them know that they will feel better as they find their own way of doing it.

Students thought it would be a good idea if it was made clear to them that it would be OK to adapt the instructions to suit the circumstances, and that they could use their judgement.

**What does this mean?
Where next?**

Appendix 14: An example of cross-domain, cross-fertilization of knowledge and skills

There follows another example of how I have been able to apply theory from one domain (mental health) to another (education). Derived from the ideas of Freud, psychodynamic theory suggests that powerful unconscious forces shape behaviour and relationships with other people. Everyone unconsciously uses defence mechanisms to protect themselves from feeling overwhelmed by particular issues. One such defence mechanism involves *splitting* off feelings that are experienced as threatening and the *projection* of these onto others.

The issues that have the greatest propensity to affect us vary from individual to individual, but, with their derivations in childhood, certain patterns arise in the way in which we come to relate to others as adults. One such pattern is that of 'wounded bird and caretaker'. The wounded bird splits off the part of themselves which relates to resilience and self-sufficient autonomy. Therefore their every day experience is dominated by the reverse, feelings of vulnerability. The caretaker has the reverse makeup, splitting off that part of them which relates to vulnerability and experiencing a strong sense of mastery and coping. When caretakers and wounded birds come together, there is an unconscious sense of 'fit' by which each meets the needs of the other by creating opportunities for the expression of resilience and vulnerability respectively. This symbiotic arrangement works well until such time as the caretaker grows vulnerable or the wounded bird becomes stronger. Functional in the short term, in the longer term it becomes potentially unhealthy. One solution is the provision of a safe environment in which to develop self awareness and allow the unconscious to become conscious, freeing up both parties to be both resilient and vulnerable, as the circumstances dictate.

It may be argued that the above relationship arrangement provides a common, unconscious appeal for caretakers to enter 'the caring profession' of nursing. By definition then, the career choice is not entirely altruistic. Rather, it has the potential to meet nurses' need to subvert their own vulnerability by projecting it onto a convenient other group (service users). Contextually, more traditional models of mental health service provision put emphasis on professionals 'mending' 'broken' patients, making expert decisions on behalf of flawed and needy patients, often over the long term, with little hope of profound change. Whilst this caused damage to service users over time (Happell et al 2003), it had the potential to shore up the confidence of professionals, freeing them up to see mental illness as something that happened to other, weaker

groups of people. This idea fits with the observation noted by Rush (2008) whereby students see service users as 'other' rather than 'ordinary people', usually in order to protect themselves. Indeed, there are echoes with the more seminal work of Goffman (1961, p.109) who described the circumscribed roles of 'the givers of deference' (inmates) and 'the receivers of deference' (staff).

However, it was recognised that this relationship dynamic was unhealthy (at least for service users) and so the recovery model may be likened to attempt to change the relationship dynamic. It requires service users to get in touch with the part of them that is strong, has expertise and can cope. It requires professionals to relinquish some of their power base, thereby presenting a more balanced, human side of themselves. Such change requires the partial dismantling of defence mechanisms and this presents a challenge. Expecting students to tap into service user expertise and ask for feedback, in line with the philosophy of the recovery model, is potentially threatening. This might in part explain why some students who, by their own admission, had a secure sense of self, were better able to embrace this initiative in practice than others.

It follows that the educator might benefit from some of the knowledge and skills used by mental health practitioners. In such a situation, the latter might provide a safe, humanistic environment in which to facilitate exploration, understanding and action over a stable period of time and using non-directive approaches. This therapeutic milieu has a resonance with the type of educational environment which it has been postulated would facilitate students to reposition themselves intra-personally. Thus the cross-fertilisation of knowledge and skills described earlier can be demonstrably useful in the pursuit of transformative learning. Herein lies the relevance of this to the thesis.

Appendix 15: Practical recommendations for educationalists

We discovered that certain basic principles and approaches can maximise the chances that the feedback experience will be largely positive and protect against the potential disadvantages. These principles and approaches reflect the principles outlined in the discussion above and are summarised below. Organised in chronological order, they are not intended to be rigidly prescriptive as this research has shown that the feedback process should be driven by principle rather than by rule.

Before practice learning opportunity

Students could be prepared for this initiative in the HEI setting prior to their first placement in their second year. The preparation process will ideally include:

- The underpinning rationale – ‘what’s in it for those involved’, including philosophical links to the recovery model (the opportunity to tap into service users’ expertise and to work in an empowering and collaborative way), links to the development of self awareness and improved interpersonal skills, useful unexpected learning.
- Reference to intrapersonal challenges that may be encountered, including sources of support available and the need for perseverance as individual ways of asking for feedback are developed over time. The idea that students should have the freedom to develop their own way of doing this, within certain parameters, is important.
- It should be explained to students that deep learning can occur from one or two feedback conversations per placement. Therefore they can take control of how many feedback conversations they have, taking care not to overload themselves by seeking out many service users.
- The opportunity to watch a demonstration of the different ways in which the feedback conversation might be approached, explained and managed, including short clips of role plays created by PARG members.
- Familiarisation with feedback tools available (long and short questionnaires).

- Experiential learning - the opportunity to practice asking for feedback from each other.
- This explanation supplemented by written information, in plain English.
- Introduction to the two reflective tools available (Borton's written framework and post-placement group discussion).

Once students are familiar with the above, the initiative could be explained to the mentor by the student and/or link lecturer. The following are recommended:

- This vehicle for explanation could be the pre-allocation meeting or the initial interview (or equivalent). A plentiful supply of written information for service users, poster (depending on the placement area) and other paperwork needed should be supplied.
- The explanation could follow the same approximate format as that arranged for students, but be briefer. The verbal explanation should be supplemented by written information, in plain English. In addition, mentors would be introduced to the six key aspects of their role. These are:
 1. Advising the student whether it is appropriate to approach a service user to ask for feedback (bearing in mind levels of distress rather than necessarily excluding those without capacity).
 2. Assisting students to advertise the scheme
 3. Acting as an initial go-between if service users opt in via the mentor.
 4. Checking that no coercive approaches are taken and being available to support service users afterwards (unlikely to be needed in our experience).
 5. Being available to support students by helping to facilitate the feedback conversation and/or contextualising feedback afterwards (also unlikely to be needed in our experience).
 6. Discuss learning from the experience towards the end of the placement.

The sense that this conversation gives of the student's ability to manage

and learn from the feedback process may contribute to formative and or summative assessment.

During the placement

Students should plan early for asking for feedback, although they may choose to wait until later in the placement. The rationale for this is that they are likely to feel more confident in that particular setting, thus a contribution is made to a safer environment (enhancing learning and reducing intrapersonal risk).

It is best if students publicise the initiative themselves (in this way service users are more likely to be convinced that students genuinely want feedback). This may be done through an individual approach and/or by announcement at a group meeting (depending on the placement setting). This may be supplemented with a poster. Alternatively, mentors may assist students, particularly in the second year when expectations of confidence and independence will be lower.

Whatever the 'advertising' option chosen, service users will be given time to read the written information (again clearly expressed in plain English) and to consider whether they wish to give feedback or not. They may approach either the student or mentor if they wish to opt in or ask any questions.

Students choose the mechanism for feedback, with a range of options open to them.

These options are:

- Using the longer questionnaire with service users which whom they have worked extensively.
- Using the shorter questionnaire for more 'first impressions' feedback.
- Having a feedback conversation (recommended as more likely to result in deep learning). This is likely to be enhanced by using the chosen tool to structure the conversation, although informal, unstructured conversations can suit some people and some situations.

- Without a feedback conversation (handing over the questionnaire to be completed in writing by the service user).
- Ask the mentor to help with the feedback conversation (not tested as no students chose this approach).

Students reflect back on each feedback experience using the structured framework provided.

Students will probably prefer to seek balanced feedback, despite the fact that the statements provided to structure the feedback are all positive in tone. Therefore they may choose to start the conversation by saying something like

"I'm guessing you are pretty good at noticing the way nurses are with you – their human touch....As you know, I am a student and so I am trying to turn into the best nurse I can. It would really help me if you would give me some feedback - we can use this questionnaire to help us. I want the good stuff and the 'could do better' stuff, so don't hold back! Thanks for letting me learn from you in this way – I really appreciate it".

Students discuss their learning from feedback and reflection with the mentor.

After the placement

One the placement is over, students could return to the HEI setting to discuss their experience as a group, facilitated by a lecturer. This reflective opportunity will enable students to support and learn from each other, explore issues arising and provide information which might assist academic staff to make informed decisions about how to further refine the feedback process.

Appendix 16: Practical recommendations for researchers

The following points summarise recommendations for researchers derived from the experience of undertaking this project:

- Idealism and realism are not necessarily mutually exclusive and it is possible to combine fidelity to key ideals with pragmatism through the use of reflective tools
- The balance between the executive function of the lead researcher and the democratic input of the PARG is best managed through negotiation with participants. The collaborative analysis of data that had already been reduced by the lead researcher can work well if this is the group's preference.
- Similarly, the research becomes more ethical if a flexible, situation-specific and negotiated approach is taken towards the extent of participant involvement. This ensures that their time, energy and expertise are targeted.
- The size of the PARG is likely to diminish, particularly initially. Therefore it is wise to recruit a slightly bigger than desirable group.
- A strength of participatory action research lies with the opportunity it provides to develop safe, effective working relationships between participants over time. In turn this enables deeper exploration and for complex issues to be gradually and thoroughly uncovered and explored. Equally, it allows the researcher(s) to refine their approach over time, learning from mistakes as few initial plans are perfect.
- The involvement of grassroots service users provides a valuable opportunity for bottom-up change, starting at the coalface. It also avoids the dangers of overreliance on small groups of volunteers often found in educational and research settings.
- There was no evidence that input from mental health service users was flawed by their mental state.
- Contrary to expectations, the payment of service users was not found to be important to them. Other motivators were more influential.

- Precise, pre-emptive plans of measures taken to protect participants from potential harm are unsuited to the iterative nature of participatory action research. This is because the route of the journey is uncertain and decisions are dependent on participants as well as the researcher. This may pose a challenge to the conventional approach used by many Ethics Committees. Returning frequently to report back may be impractical. A convincing, principle-based initial presentation to the Committee may be one way forward.
- Participatory action research has been experienced as difficult and messy, but ultimately the input of others added immensely to the quality of the research. This 'added value' related to both practical and philosophical aspects of the project. For example, service users and mentors gave useful advice about the use of plain English, catering for people when unwell and on the content of feedback tools devised. Also, conventional relationship dynamics between nurses and service users and between teacher and ex students were slowly reinvented and developed into new ways of working. All participants enjoyed this transforming, constructive and collaborative partnership approach, concluding that both the journey and the destination were worthwhile.
- For insider, participatory research of this nature to work, the use of advanced reflexivity on the part of the lead researcher has been invaluable (for example through the use of a reflective diary, supervision, consideration of relationship dynamics through audio-taped meetings). Use of transferrable skills from the field of therapeutic approaches was also useful, taking care to remain mindful that this is not therapy. For example, it was important for the lead researcher to respect others' suggestions, balance participation with facilitation, welcome comments and criticism, own (but not privilege) their expertise and to behave with humility and transparency.